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ARTICLE XXV.

REPORT OF SPECIAL COMMITTEE ON DISEASES
OF THE EYE.

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Presented to the Illinois State Medical Society, May, 1864.

MR PRESIDENT—GENTLEMEN :

Your Committee would most respectfully report, that no contributions, either from members of this Society or from the Profession generally, have been received, although due notice of the appointment of this Committee was published in both medical journals of this city, with the request that the physicians of the State would aid the Committee in accomplishing the objects for which the Committee was appointed.

The following report, therefore, is composed entirely of materials collected in the personal experience of your Committee:

In the first part of the report is a classification of the diseases which have fallen under the observation of your Committee during the past eight years, and principally during the past five years.

The table may be supposed to present the relative number of cases of each disease, as found among patients, with affections of the eye in the North-west.

In the second part, your Committee had designed to furnish the history of several cases, which might be of particular interest to the profession; but thought best, without entering too much into detail, to ask the attention of the Society to some general principles, worthy of notice in the study of each class of disease.

Unfortunately, in several respects, the classification of diseases is imperfect. It is proper to state, that the numbers indicate number of patients and not of eyes affected.

This defect arose from the fact, that the annual reports of the Chicago Charitable Eye and Ear Infirmary, embracing more than 1400 patients, were prepared, not so much for scientific classification, as for the purpose of presenting to the public the number of patients treated, and the popular names of the diseases. When patients have been under treatment with each eye affected with a different disease, the most important alone was registered. And, whenever an eye was affected with several diseases, as, for instance, granular conjunctivitis, vascular cornea, trichiasis, entropion, or other complications, simply the primary disease has been recorded.

A few points in some sections of the following table, which may appear strange to members of the Society, will be subsequently explained:—

I. DISEASES OF THE CONJUNCTIVA.

Conjunctivitis Granular,	628
do Catarrhal,	197
do Purulent,	32
do Neonatorum,	33
do Pustular,	114
do Morbillous,	21
do Diphtheritic,	3
Injuries and Burns,	67
Xerophthalmia,	4
Pterygium,	15
Pinguela,	10
Echymosis (spontaneous),	4
Total,	1128

II. DISEASES OF THE CORNEA.

Corneitis ulcerative,	109
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Corneitis suppurative, { Hypopion, 7	
{ Onyx, ... 5	
{ Abscess, 11	
do superficial,	19
Staphyloma of Cornea,	26
Conical Cornea,	2
Motes on Cornea,	61
Opacity of Cornea,	64
Tumor on Cornea,	1
Total,	305

III. DISEASES OF THE SCLEROTIC.

Injuries of the Cornea & Sclerotic, 45	
Staphyloma of the Sclerotic,	2
Episcleritis,	2
Total,	49

IV. DISEASES OF THE LIDS.

Ophthalmia Tarsi,	34
Trichiasis,	40
Entropion,	19
Ectropion,	14
Hypertrophy of palprebral integument,	2
Abscess,	13
Hordeolum,	11
Cystic Tumors,	22
Eczema,	7
Symblepheron,	4
Wounds,	23
Warts,	1
Ptosis,	8
Lupus,	1
Edema,	15
Nevus,	2
Molluscum,	1

Total, 217

V. DISEASES OF THE IRIS.

Iritis,	52
do syphilitic,	13
Irido-Choroiditis,	13
Occlusion of pupil,	15
Coloboma of iris and choroid,	4
Mydriasis,	3
Injuries of iris,	3
Adhesion of iris and lens (partial)	10

Total, 113

VI. DISEASES OF THE CHOROID, &c.

Choroiditis,	21
do (retinitis) pigmentosa,	22
Sclero choroiditis,	16
Staphyloma posticum,	4
Opacities of vitreous humor,	31
Coagulum in vitreous humor,	1
Glaucoma,	3

Total, 98

VII. DISEASES OF THE RETINA.

Retinitis,	20
do of Bright's Disease,	4
Congestion of Retina,	17
Detachment of Retina,	5
Atrophy of papilla of optic nerve,	3
Hemeralopia,	2
Embolie of central artery,	1
Cancer of retina,	5
Musca volitantes,	9

Extravasation of blood under retina,	2
Amblyopia,	32
Amaurosis,	35

Total, 135

VIII. DISEASES OF THE LENS.

Cataract, incipient,	13
do hard,	20
do soft,	17
do pyramidal,	1
do congenital,	12
do traumatic,	12
do layer,	6
Dislocation of lens (traumatic) ...	1
do do (spontaneous)	1

Total, 84

IX. DISEASES OF THE GLOBE.

Atrophy of the globe,	14
Fungus hematodes,	1
Hydrophthalmos,	2
Microphthalmos,	2
Sympathetic ophthalmitis,	8

Total, 27

X. DISEASES OF THE MUSCLES.

Strabismus,	19
Paralysis of 3d pair of nerves, ...	7
do 6th do,	1
do 4th do,	4
Blepharospasm,	2
Nystagmus,	12

Total, 45

XI. DISEASES OF THE LACHRYMAL APPENDAGES.

Abscess of the sack,	5
Obstruction of nasal duct,	20
Obliteration of the canaliculi, ...	1
Passage of air through do,	2
Congenital fistula of sack,	1
Eversion of the punctum,	3

Total, 32

XII. DISEASES OF THE ACCOMMODATIVE APPARATUS.

Myopia,	8
Presbyopia,	3
Hypermetropia,	2
Asthenopia,	35

Total, 48

XIII. DISEASES OF THE ORBIT.		Neuralgia,	5
Necrosis of the orbit,	1		
Carcenoma do	1	Total,	8
Aneurism, do	1	Total of all diseases,	2289

From this table it will be observed, that diseases of the conjunctiva form by far a greater class, than those of any other portion of the eye. To this class may be added a large part of the diseases of the lids and cornea, since they are but sequelæ of conjunctivitis. A large number of blind patients, that have been examined, lost their vision as a result of this disease. And there are reasons for believing that a very large portion of the blind in the blind asylum, and other portions of the State, lost their sight from neglected or maltreated inflammation of the conjunctiva.

In many parts of Illinois and the North-west, these diseases are very common, and are the cause of more pain and misery than almost any other disease. Your Committee, therefore, believes it is the duty of every practitioner in the Western States to make conjunctivitis the subject of special study. Every opportunity should be provided medical students for the clinical study of these diseases and their treatment.

A few words regarding the causes of conjunctivitis at the West, are perhaps not out of place, though little can be said in addition to what has already been reported at previous meetings of this Society. The opinions, formerly expressed, were almost entirely founded upon the views and experiences of others, since there has not been, during the past eight years, a single epidemic of conjunctivitis in Chicago. An honored member of this Association, who has enjoyed a long experience and extensive opportunities of observation, has informed your Committee that, he believes epidemics of conjunctivitis are not dependent upon the prevalence of dust or upon dryness of the atmosphere, since they have often occurred when the prairies were covered with moisture. It is true, few places experience more violent winds, loaded with more dust, than Chicago; and yet, as has been stated, epidemic conjunctivitis is perhaps unknown in this city. Still, physicians generally seem to consider these agents as among the most active causes of the disease.

It is certainly to be hoped that all members of this Society, who may have an opportunity to observe epidemics of conjunctival inflammation, will report all facts, relating to the condition of the atmosphere, surface of the country, the habits and occupation of the patients.

One word only in regard to treatment. In ordinary uncomplicated cases of acute conjunctivites, your Committee is convinced that success in treatment depends principally upon the skilful use of caustic astringents. They should not be dropped into the eye, but applied directly to the mucous membrane of the lids, by means of a delicate brush, the secretions having first been removed by gentle applications of a bit of linen.

There is reason to believe, in the treatment of chronic conjunctivitis, that practitioners, generally, in the West, use these remedies too strong. Slight applications of the crystal sulphate of copper have given best satisfaction to your Committee in the largest proportion of cases.

Four typical cases of xerophthalmia have been observed. One was remarkable, as resulting from phlyctenular conjunctivitis. The patient was five years of age; the palpebral conjunctiva of the right eye was totally absorbed, and the edges of the lids brought in direct contact with the cornea, which was covered with a dry translucent membrane like parchment.

But three cases of true diphtheritic conjunctivitis have been noticed. Unfortunately, two cases in children terminated with almost total destruction of vision. Your Committee was discharged from the third case, in consequence of the unfavorable prognosis which was given. The subsequent history of the case is unknown. There is reason to believe that this disease, not uncommon in Europe, is quite rare in this country, although the corresponding affection of the throat is at times fearfully prevalent.

Nearly one-seventh of all the cases above-enumerated are affections of the cornea. Many interesting points, connected with these diseases, especially in children, are worthy of separate papers. Although quite a large number of the cases of corneitis in children were accompanied with caries of the teeth, only

four examples have been observed, in which the teeth have been notched, as described by Mr. HUTCHINSON. By far the greater part of the patients, affected with primary corneal disease have been of an unhealthy diathesis; a few cases only being in patients in whom the health was apparently perfect.

The treatment of certain injuries of the cornea and sclerotic will be discussed in connection with sympathetic ophthalmitis.

There have been but few cases of diseases of the lids, which have presented points worthy of remark in a report like this. One case of molluscum of the upper lid is mentioned as the only one ever observed by your Committee in his own practice or in that of others.

In the last report of this Committee, your attention was called to the treatment of certain forms of chronic conjunctivitis, recommended in the first volume of *Archive for Ophthalmology*, and in the annual report of PAGENSTECHER & SÆMISCH. This treatment, which consists in elongating the palpebral fissure, and in introducing vertical stitches through the integument and the orbicular muscle of the upper lid, has been found of special service in spasm of the lids, with tendency to entropion and union of the lids at the external angle.

Certain cases of trichiasis, attended with great atrophy of the palpebral conjunctiva and of the tarsal cartilage itself, have been found difficult to relieve. The bulbs of the cilia appear so deep and misplaced in the tissues that any efforts to remove them by scalping the edge of the lids, only add to the atrophy and fail to improve the condition of the organ. Fortunately, however, such cases are not frequent.

About five per cent of the patients treated, have been with affections of the iris. Your Committee has never attempted to conduct the treatment of iritis without the use of mercury, although high authority has shown that the disease may thus be successfully treated. Success with the use of calomel and large and frequent doses of atropin locally, have created an unwillingness to modify this plan of treatment. Excision of a part of the iris, as recommended by GRÆFE in chronic iritis, with attachments of the iris to the lens, has been performed apparently with great benefit in three cases.

Three cases of injuries of the iris are somewhat remarkable. Two are cases of detachment of the iris from the ciliary muscle, produced by slight blows upon the eye. The separation extended about one-eighth of the circumference—in one case in the upper and outer and in the other in the upper and inner quarter of the iris. In the former, recovery with almost perfect vision, but with a double pupil was the result. In the latter, there was a second pupil and a traumatic cataract. The other case of injury was even more remarkable:—A boy seven years of age, received the sharp point of a pair of scissors in the right eye, which penetrated the cornea, iris, and possibly the lens, near the middle of the lower and outer quarter of these organs. The wound in the cornea healed with a very faint nebulous cicatrix; the iris was left with a small but permanent opening at the point of injury. No opacity of the lens could be perceived. Vision remained perfect. The treatment was simply low diet, absolute rest, and wet compresses.

The classification of the diseases of the vitreous humor, choroid, and retina has been based entirely upon the abnormal changes, discovered by means of the ophthalmoscope. Whenever the line of demarcation between the papilla of the optic nerve and the retina has been indistinct, presenting the appearance represented by Table X, Figure 2, of LIEBREICH's plates, and Tables X and XI of JAEGER's, the disease has been classified as retinitis. In those cases where absorption and deposition of pigment have been observed, with or without the peculiar yellow-colored patches so often seen, the disease has been termed choroiditis. Ophthalmologists are apparently not all satisfied with the term retinitis pigmentosa. There is reason to believe in many cases the disease is an affection of the choroid as well as of the retina. In no instance has your Committee found this disease connected with consanguinity or idiocy, as observed by some writers.

Four cases of characteristic disease of the retina in patients affected with morbus Brightii, have been carefully studied. It is a matter of interest to ascertain the proportion of patients with this disease of the kidneys, who also suffer from amaurotic

symptoms. A large number of patients with amaurotic symptoms have applied for treatment, where an examination with the ophthalmoscope was not permitted. These diseases were simply recorded as amblyopia or amaurosis, and no treatment instituted.

Glaucoma is evidently not a common disease of the West. Only three cases of this affection and no others with dilated pupil and abnormal hardness of the globe has been observed in Chicago by your Committee.

As your Committee intends, at some future time, to make cataract the subject of a special report, nothing need be said at present upon the cases in the section of the above table devoted to disease of the lens.

Eight cases of sympathetic ophthalmitis have been observed with total loss of sight, in which perfect vision of one eye could evidently have been saved by the early removal of the eye primarily injured. Quite a large number of cases have been noticed, where punctured and incised wounds of the globe have been followed by long distressing inflammation of the eye. No treatment seemed to afford relief till after weeks and months of suffering the patients permitted the extirpation of the eye. It is true the majority of such injuries heal without these violent symptoms. And your Committee would not urge an indiscriminate mutilation of such patients. But is it not a question worthy of consideration, as stated in the last report, whether it is not better to sacrifice a sightless and inflamed eye, after due delay, than to endeavor to save the form of the eye simply, at the risk of total blindness? It is necessary to distinguish one very common form of sympathy, in these cases, from true sympathetic ophthalmitis. The first is simply a mild degree of irritation, with secretion of tears, and slight photophobia in one eye, when the other is excited, as, for example, by the pressure of a minute object under the lid. The other is a dangerous inflammation of the choroid, iris, and retina, which, if it has once commenced, there is reason to believe, is seldom relieved by the removal of the other eye. Hence your Committee would urge upon the general practitioner the propriety of operating before

this serious form of disease has supervened. Although the abscission of the cornea and iris is often attended with good results, the experience of many of the most celebrated oculists seems to favor the total extirpation of the eye.

One case of congenital fistula of the sack, in a boy seven years of age; and two cases in which considerable annoyance was caused by the passage of air through the canaliculi on blowing the nose, are simply worthy of mention, as being somewhat unusual. The operation of slitting the canaliculi, as recommended by BOWMAN in cases of eversion of the puncta, and the use of injections in the early stages of obstructions of the nasal duct, are among the most satisfactory operations in ophthalmic surgery. Your Committee, although unwilling, for slight causes, to sacrifice an organ, yet believes, in view of the want of patience and fortitude on the part of so many, especially the poor, suffering from chronic and neglected diseases of the duct, that much discomfort can be prevented by the obliteration of the sack.

No cases of more than ordinary interest in diseases of the muscles have been noted.

But few cases of anomalies of the refracting media have been under the care of your Committee. This is explained by the fact, that patients suffering from myopia and presbyopia usually apply to the opticians, rather than the oculist, for advice. Your Committee has not been in the habit of making careful examinations of eyes, affected with strabismus, in reference to the existence of myopia or hypermetropia, neither has he instituted suitable investigations to determine whether asthenopia was dependent upon weakness of the recti muscles, or upon hypermetropia—formerly termed excessive presbyopia.

Not a single case of astigmatism, or difference of convexity or density of the refracting media in different meridians, has been detected, although no investigations were made by your Committee till within two years.

The attention of the Society is called to the experiments upon the properties of the Calabar bean, as recently described in nearly all the leading journals of medicine.

A few remarks upon the status of ophthalmic literature in America, may not be inappropriate. Comparatively few works of merit, on diseases of the eye, have been written in this country. Nearly all our books are simply reprints of British works, which are now in many respects much behind the advance of science. Probably it is not too much to affirm, that in the English language there does not exist a complete and desirable text-book on diseases of the eye.

It is true, the works of MACKENZIE, LAWRENCE, and others, embracing valuable monographs, furnish the student with a vast amount of practical knowledge of many ophthalmic diseases. But they are not what the profession now demands—a complete work, corresponding, for instance, to that of STELLWAG, of Vienna, with a systematic arrangement of the diseases of each tissue, with its anatomy and physiology carefully and clearly discussed, as also the pathology of each abnormal process, followed by a description of the most approved treatment. There are in our country those, who with their own extensive experience and with their study of the works of GRÆFE, DONDER, WELLS, JAEGER, in fact, of all the eminent writers in every language, are able to contribute such a work to our literature. It will require immense labor, but it is to be hoped some one will soon commence it.

The *American Journal of Ophthalmology*, edited by Dr. HOMBERGER, merits your support, and will most amply repay members of our profession for its perusal.

The attention of this Society is this year again called to the condition of the Chicago Charitable Eye and Ear Infirmary. This institution has now entered upon the seventh year of its existence, during which 1682 patients have been treated, 1272 with diseases of the eye, and 410 with diseases of the ear. The association consists of a Board of twelve Trustees, and a Board of two consulting and two attending surgeons. The operations of the Infirmary have thus far been much limited from want of means, which have been sufficient merely to furnish poor patients with treatment at its dispensary. The good which has even thus been accomplished is almost incalculable. Not unfre-

quently, however, patients have suffered from want of suitable diet and care and protection from exposure. It must certainly be a matter of interest to this Society, and to the profession generally, to learn that the Infirmary has been placed in a position, in which its usefulness, as is hoped, will be widely extended.

The president of the Board of Trustees, WALTER L. NEWBERRY, Esq., has donated the lease of a valuable lot of land to the Infirmary, for the term of 10 years. A good and commodious building has already been secured for a hospital, and efforts are now made, by private subscriptions, to furnish it in such a manner as will be comfortable to patients and creditable to the city.

It must be understood that this charity, at present, consists in providing the poor with comfortable apartments and treatment for diseases of the eye or ear gratuitously. A small sum per week, hereafter to be determined, will be required for board, since the funds of the Infirmary are not sufficient to furnish this last to patients gratuitously. Efforts will be made in due time, to secure a fund for this purpose also. Will not the profession lend this institution the support and encouragement it merits?

At the last meeting of the Board of Trustees, the following resolution was passed: "That students of medicine be admitted to the Infirmary, with the privilege of studying diseases of the eye and ear, under such rules as the surgeons may from time to time deem best."

ARTICLE XXVI.

CEREBRO-SPINAL MENINGITIS.

Letter Read before the Chicago Medical Society, By JOHN BARTLETT, M.D., from DR. E. Y. YAGER, of Chillicothe, Livingston Co., Mo.

MAY 8, 1864.

DR. BARTLETT,—In compliance with your request, I will try and give you a rough sketch of cerebro-spinal meningitis, as it occurred in this county. Were I to consult my own feelings,

I should wait until more facts could be gathered, and give a more extended report.

Cerebro-spinal meningitis first made its appearance in this county the 1st of Feb., 1862, and continued until the 1st of May following. Except one case in Nov. and two in Dec. 1863, no more cases were met with until Jan. 1864.

The first cases occurred in Feb. 1862, in the 23d Reg. Mo. Vol., stationed in Chillicothe. Five soldiers were attacked in the morning, after having stood picket guard all night in the edge of a prairie. The snow was several inches deep. A storm had commenced the day before, which continued through the night. The air was damp and chilly, the wind from the East. A dense fog arose the evening before and continued until late next day. Of the five attacked three died in less than 48 hours,—two recovered after a protracted convalescence. I did not see these cases and cannot give their history. I heard they all became delirious in a very short time, and *the four* died comatose. The treatment I did not ascertain, except that no blood was drawn. Several others of the same regiment were attacked, and the majority died in a few hours.

Other cases occurred in the 3d Reg. M. S. M. Cavalry and a Battalion of Militia Infantry, stationed in this town. I saw three cases belonging to the 3d Regiment treated by Dr. MAY, and one of the same regiment by Dr. COOPER. The three cases treated by my friend Dr. M., were attacked the 1st of April, with chills and severe headache; high fever followed with increased headache. They complained in a short time after the attack, of soreness and pain in the muscles of the neck and jaws. In six hours the patients were delirious, with heads drawn back and rotated from side to side; tenderness along the spine; head hot; tongue coated with thick, dark brown fur in middle, and redness along tip and edges. The bowels were constipated. Two recovered, and one died in less than 60 hours. The treatment was commenced with a purge of calomel combined with ipecac, and followed by small and frequent doses of the same medicines. A blister was applied to the nape of the neck, extending down the spine some distance. The two

that survived, had a protracted convalescence. They fell into a low typhoid after a few days and did not leave the bed for weeks. One never recovered perfectly—still being feeble. Dr. COOPER's case was very similar to the above cases, except a few hours after the attack, he had several spasms. He died comatose, 60 hours after the attack.

During February, March, and April, quite a number of citizens were affected, and several died. By far the heaviest mortality was among persons confined in the guard house for political offenses. My information is that not one recovered. I think there were five deaths in the guard house in a month. There never being more than a dozen or fifteen in the prison at one time, makes this a very heavy mortality.

But few cases occurred in this county outside of the town and township. The counties North suffered some during March and April. I have no data by which I can form an estimate of the number of deaths in Grundy, Mercer, and Harrison counties where it prevailed, but I learned from citizens that it was not very fatal.

Dr. J. E. CADLE, living in the North-western portion of this county [Livingston], treated five cases in March and April. Of the five three were girls, and two boys. Two were four years old, two six, and one twenty. Two girls recovered after a long convalescence,—one lost an eye, the other the speech. The three fatal cases survived from 4 to 12 days. These patients were taken with chill and headache and followed by fever, delirium, stiffness in the muscles of the neck and jaws; dilatation of the pupils in three, and contraction in two; tenderness from nape of neck to seventh cervical vertebræ; bowels constipated. The delirium was very violent after a few hours. Treatment was antiphlogistic,—blood-letting freely, calomel, tart. em't. and spirits nitre, counter-irritation to nape of neck and along spine.

He had also two cases in Dec. 1863, one a boy seventeen, and the other a girl, eight. Treated girl as the five. The boy was moribund when seen, and no medicine was given. He died in less than 24 hours,—the girl in 48.

In Jan. and Feb. 1864, Dr. C. treated thirteen cases of cerebro-spinal meningitis; seven were boys and six girls,—all between four and sixteen years old. Eleven were fatal and two survived.

The attack was ushered in by a chill and violent pain in the head, back, and extremities,—followed by fever in most cases and delirium; tenderness along spine and nape of the neck; difficulty in swallowing; head very hot, drawn back very much and rotated from side to side. In three cases there was no reaction, the patients died comatose in a few hours. Bowels in all costive; pulse weak and irregular; pupils dilated. Nine died in 24 hours; one the fifth week, and one the sixth. The two that recovered had a very protracted convalescence. The two that survived until the fifth and sixth week, after five days sunk into a low typhoid condition, and died comatose. The nine that died within 20 hours, were treated as the five cases in 1862, with the addition of bathing feet in warm water and mustard to extremities. The other five were not bled but treated otherwise the same.

The first case I saw was a boy 18 years old, the patient of another gentleman, who was absent from town when I saw it. The history I had of the case from the family was, that four days before he had a chill with severe headache and followed by high fever and violent delirium. The head was very hot and drawn back considerable. Tenderness along the spine; difficult swallowing; bowels constipated. The patient continued in this condition until the third day, when coma gradually came on. When I saw him four hours before death he was in a profoundly comatose condition, with stertorous breathing; pupils dilated; head drawn back very much; pulse one hundred forty-five, and very weak.

The second case was a brother of the above patient, aged 9 years. I was called Feb. 10, 1862, in the afternoon. The first patient died the night before. I found the boy suffering the most agonizing pain in the muscles of the right thigh, which changed to the patella in a few minutes, and then to the foot. It continued to change its location, never remaining longer than

an hour in any locality. Face was ghastly pale and *pinched*; complained of some pain in back of head which was hot and drawn back; tenderness from the occiput to seventh cervical vertebræ; pulse weak and irregular; some difficulty in moving head in consequence of the stiffness of neck. Bowels costive; tongue slightly coated in centre and red around tip and edges; pupils slightly dilated. The first symptom was pain in the arm, which had changed to muscles of the thigh. Patient never complained of chilly sensations at any time. Opened bowels twice with calomel and jalap, and then gave small doses of calomel and ipecac, with two grs. of pulvis Doveri, every two and a-half hours; applied mustard to back of the neck and down the spine. Saw him Feb. 11th, 9 A.M. Bowels moved twice early in the night. Rested little during the night; more headache; less general pain. Other symptoms as the night before. Applied blister to nape of the neck and along spine. Continued treatment. 5 P.M., patient little changed—mouth drawn to the left. Pulse rather stronger than before; face not quite so pale; continues to complain of some pain in the head. Blister was not used until in the afternoon.—Continued treatment. 12th, 9 A.M., patient slept two or three hours during the night; feels better; head and mouth less drawn; has but little use of the right leg; pulse has more volume. Continued powders every two hours. 8 P.M., patient doing well; took little broth; head and mouth less drawn; pupils less dilated. Continued every four hours the powders. Gave pulvis Doveri $2\frac{1}{2}$ grs. at 9 o'clock. 9 A.M. next morning, saw patient; doing well; has a little use of the right leg. Gave powder of ipecac, Dover and nit. pot. Saw patient morning 14th; doing well; ordered powders given every five hours. Feb. 15th, patient convalescing; has little use of leg. This patient took a little quinine for several days after. He left his bed three weeks afterward. He used a cane for three or four weeks after leaving the bed.

The third case was the mother of the boys and aged 45. Her case was very much like the second. She was taken with chilly sensations, slight headache, and pain in the arm. The left arm

became weak as the leg of the boy. She was attacked Feb. 11th. The treatment was the same, with the same result. She was confined two and a-half weeks to bed. The arm gradually recovered its strength.

The fourth case was a servant woman, about 50 years of age. The woman was taken with chilly sensations and headache during the afternoon of Feb. 16th. The headache increased and fever set in towards evening. She spent a very uncomfortable night, suffering with pain in the head, feet, and hands, with soreness in the muscles, generally and especially in the muscles of the neck and back. Through the day following she continued to grow worse. I was called at 11 P.M., on the 17th to see her. I found her with the head drawn slightly back; pupils dilated; pulse frequent and weak; tongue coated, soft, and tremulous; bowels constipated; skin soft and relaxed. The most prominent symptom was the excessive sensitiveness over the entire body. There was not a fibre that was not most exquisitely painful on the slightest touch. The pulse was barely felt in consequence of the extreme sensibility. She suffered great pain in swallowing, and had difficulty in opening the mouth; shutting the eyes gave pain. The speech was very thick and imperfect. I could scarcely convey an idea of the extraordinary sensitiveness over the entire body. Gave $\frac{3}{i}$ of oil to be repeated every two hours until the bowels moved well, and ordered an injection of sul. mag. after second dose of oil if the bowels did not move in one hour. The bowels moved twice four hours after first dose of oil. Give 1-3d gr. morphia, to be repeated every two hours unless she became comfortable, when it was to be discontinued. 17th, 8 A.M., scarcely so much sensitiveness,—otherwise the same. Used morphia every two hours up to present. Give calomel 4 grs., pulvis Doveri 12, ipecac 3, to be continued every two hours. 18th, 11 A.M., patient unchanged. Order treatment continued. 19th, 10 A.M., slept a little during the night and feels some better; pulse can be felt without giving much pain. Continued prescription with 6 grs. less of Dover powder and 2 of calomel. Her bowels moved twice during the night. The evacuations

were of a dark offensive nature. The patient during the afternoon gradually became stupid, until profound coma occurred, in which condition she died in the forenoon of the 20th.

I have ~~not~~ seen but two cases of cerebro-spinal meningitis this year. It has been almost entirely confined this year to the N. W. portion of the county. The two cases were almost identical. They were boys aged 8 and 10. Both were attacked Feb. 8th, in the afternoon, with a chill and pain in the head and stiffness of the muscles of the neck and jaws. After the chill wore off fever came on which did not run very high. During the night they began to complain of pain through the muscles generally, especially in the hands and feet. The morning found them with more pain in the head and very restless. Pain continued to increase during the forenoon, and by 3 o'clock the restlessness was so great that it was difficult to restrain them from leaving the bed. The older boy was seen by Dr. J. S. WILLIAMS on the afternoon of the 9th. He gave him a purge, calomel combined with a small portion of ipecac, to be followed after purgation with calomel in small doses combined with ipecac and pot. nit., applying ice freely to the head. The younger boy did not have any physician on the 9th. His father gave him three doses of calomel during the night combined with ipecac, applying a blister to the back of the head and neck. I saw both boys next day. The older boy was lying calm and composed; face extremely pale; pulse very quick and weak, intermitting once or twice in ten beats; head very hot, notwithstanding a sack of crushed ice had been to it for hours; head drawn back to an angle of 20 degrees; pupils dilated, and most exquisite pain given when any pressure was made along the upper half of the spine. Complaints of severe pain in the head and in the right pectoral muscle. Bowels had been moved by the purgative given by Dr. W., during the night. The operations were said to be dark and offensive. The family report that he has been furiously wild from the early part of the night until 10 o'clock this morning, when he began to calm down. Ordered dry cupping along the back of the neck and down the spine, to be followed in six hours by blister if it did

not relieve the tenderness. Gave small doses of calomel combined with ipecac and pot. nit. every two and half hours. Feb. 11th, patient became restless and delirious soon after my departure the day before. The cups relieved him some. He continued delirious and restless until the blister was used. After it drew he seemed some composed and slept two hours. Head still drawn back; pulse more regular; more rational than during the night; less heat and pain about head. Continued treatment. Feb. 12th, patient rational this morning; had restless and delirious periods during the night; head less drawn back; pupils continue dilated. Continued treatment. 13th, 11 A.M., patient continues to improve. Ordered powders given every four hours. 14th, patient doing well. Continued powder every six hours. This patient had a little quinine for three or four days following. He continued to improve slowly and was able to leave the house in three weeks.

The course, result, and treatment was so much like the above that it is not necessary to speak of the younger boy's case.

This county (as is North Missouri generally), is noted for health. We have some intermittent and remittent fever in autumn and pneumonia in the winter. But the mortality, except in cerebro-spinal meningitis, is small. The epidemic of both 1862 and '64 was preceded by very cold weather. You will observe that no case occurred until after the commencement of the thaw. The wind was generally from the East and very chilly. There was a dense fog preceding both epidemics. At the time of its prevalence in 1862, there were quartered near twelve hundred soldiers in different parts of the town. They were very much crowded; whole companies in houses that were not capable of accommodating more than fifteen. Measles prevailed to an alarming extent among soldiers and citizens. There was a very large mortality attending the epidemic of measles, and later in the season pneumonia typhoides was very prevalent. I think there was no erysipelas that season. The quarters and hospitals were in the worst possible condition. Following the epidemic of 1864, we have erysipelas and pneumonia typhoides. Scarlatina of a mild form preceded the last

epidemic. By far the larger number of cases occurred in the N.W. part of the county. The majority of the cases reported by Dr. CADLE were children attending the same school. It is said more than half of the pupils died in less than a month. The schoolroom was habitually kept very warm. It was a country school, and of course the house was very deficiently ventilated. It has been observed by all physicians that the diseases generally have assumed an asthenic character since the first epidemic. I have no knowledge of the occurrence of a single case of cerebro-spinal meningitis in dry weather. It was invariably muddy and damp, the wind usually from the East. During the great prevalence both in Feb., 1862 and '64, there was a very peculiar feeling impressed on every one by the atmosphere. It was remarked the first epidemic. Persons predicted its occurrence in Feb., 1864, before it appeared, by the peculiar condition of the atmosphere. Almost every one felt rather full about the head. Epistaxis was common during both epidemics.

ARTICLE XXVII.

CEREBRO-SPINAL MENINGITIS.

By DR. McVEY, of Morgan Co. Ill.

Presented to the Illinois State Medical Society, May, 1864

MR. PRESIDENT AND GENTLEMEN:

The subject of cerebro-spinal meningitis has engaged the attention of the profession for the last fifteen months. Certain portions of our country have suffered from an epidemic bearing the name referred to above. However, I think the name not very appropriate, as some of the patients die before inflammation could take place. Inflammation may follow as a secondary symptom. But the most prominent features of the disease in question, at the commencement, are those of congestion and depression, indicating the presence of some toxic agent in the circulating fluid, and that agent seems to have a very strong affinity for the brain, destroying the vitality of the blood, and

overcoming the contractile power of the capillaries and vessels of the brain. Consequently, the circulation in brain is interrupted; the capillaries and the coats of the vessels in the brain expand to accommodate the accumulation of fluid in their structure, which is evidenced by the epistaxis that follow in some of the cases that recover. And, when reaction does take place, there is intense febrile excitement, with great restlessness and moaning. The eyes are suffused and the pupils are dilated. The patient is troubled with delirium, but, when aroused, for the most part answers questions correctly. Sometimes there are tremors of the whole body, one passing in succession after another. Sometimes there is squinting of one eye. The countenance has a brown hue. The tongue is slightly coated at the start, but, as the disease progresses, becomes thicker. The bowels are constipated. The patient vomits a dark grumous substance. The posterior cervical muscles contract and draw the head backwards. Sometimes there are petechia over the neck, breast, and extremities.

I have seen patients die within six hours after they were taken with coma and prostration, the circulation giving out first, intellect next, and lastly, respiration, without any febrile reaction whatever; but, in the majority of the cases, reaction does take place in about six hours after the attack.

In regard to treatment, the most successful I have met with has been cerebral and arterial stimulants, with arsenic as an anti-periodic. It is of the utmost importance to arouse the capillaries and vessels of the brain, in order that they may relieve themselves of the fluid accumulated in their structure, and I know of no better agent than opium to do it with. Under the foregoing treatment, I have had six patients recover, and three died. My partner, Dr. BROWN, says he has treated, in the last six months, twenty-one cases, five of which were fatal, and sixteen recovered. If the symptoms are severe, viz.: Coma, muscular contraction, with pain in the limbs, back, and head, I have given opium in large doses, say to an adult, from 4 to 5 grains; arsenic freely, usually Fowler's solution, from 6 to 8 grs. every four hours; and where the muscular prostration continued for a

considerable length of time, strychnia; alteratives moderately, keeping the bowels open with mild aperients, invariably applying friction to the surface; tincture capsicum and alcohol freely, with turpentine to the spine; sometimes blisters to the neck.

Convalescence is generally slow. Quinia, I think, contra-indicated, unless it is in very small doses, for the reason that it increases the agitation, and produces a certain amount of deafness, with high delirium. Probably, after the violence of the disease has passed off, it may be given with impunity, but not until the tremors have subsided, and the brain is so relieved that there is no danger of producing congestion of the eyes and ears; after which time it may have a salutary effect upon the digestive organs, and by giving tonicity to the system in general.

ARTICLE XXVIII.

NOTES OF A CASE OF CEREBRO-SPINAL MENINGITIS.

By D. W. YOUNG, M.D., of Aurora, Ill.

Read before the Aurora City Medical Association.

GENTLEMEN:—Since the last meeting of our Association, I have seen and treated a case of cerebro-spinal meningitis, and I now respectfully ask your indulgence while I read you my notes of the case. I shall be particularly minute, and relate all the minutia of symptoms and treatment; hoping thereby to incite to discussion and, if possible, elicit some new idea and facts concerning this terrible disorder and its treatment. I have no special theory or suggestions to advocate. I shall only communicate facts, and allow you to draw your own inference. I have read everything that I can find in my medical books and journals, and regret that I can find only a little—that is tangible and useful in managing this disease. My reading has forced me to the conclusion that, a greater portion of our medical authors and older practitioners are unacquainted with the disease. Therefore, I claim that it behooves us to

seek, investigate, and record every fact that we can find bearing upon this subject. I assure you, gentlemen, you will need all your knowledge when you come to treat cerebro-spinal meningitis.

Saturday, March 26, 1864. I was called over into the North end of Will County, to see Thomas C., a Scotch boy, aged 15 years. Although he was only 15 years old, he measured 6 feet and 2 inches, and was well-proportioned, in a word, he was a giant on a small scale. I arrived at his place of residence about 2 o'clock P.M., and found his parents, brothers, and sisters in a very high state of excitement. They informed me that they had buried one son, next younger than this one, a few days before, who had died with what the doctors called spotted fever; and that this boy was attacked and acted just as the other had in the commencement of the disease—and they apprehended the same result. They also informed me that they had not told the patient that they had sent for the doctor, but would now tell him of my arrival, and then I should see him. The father retired, and after a few moments returned and conducted me into a large well-ventilated bedchamber, where I found the young Scotch giant in bed, with the following symptoms:—skin moderately hot and moist; pulse 68 per minute, slow and soft; eyes red and suffused; tongue dry and covered with a thick yellow coat; respiration a little hurried; no cough nor pain in the chest; bowels have not moved for two days; urine free and very high colored; some slight pain and stiffness in occipital and cervical regions. He complained of a peculiar soreness and sensitiveness extending all over him. It seemed to cause an uneasiness even to touch his hair. He said that he had not been well for several days; appetite had been poor. He had slight chills, with more or less shifting pain in the extremities. A general uneasiness and listlessness. On Friday afternoon, he had a distinct chill, followed with fever and a good deal of pain in the head and back of his neck. Was restless during the night, and had slept but little. A few hours before my arrival he had vomited freely, which relieved the pain in his head decidedly, and he was feeling much better. Said he thought it

had been very foolish to send for a doctor to see him, as he was feeling so much better now; and he thought should get right along without any further trouble. After having examined the case thoroughly, as I thought, and reflected upon the symptoms, I informed the parents and friends that I could not discover anything alarming in the symptoms there present; and that I really hoped their fears were ungrounded. It was my first case. I was not fully acquainted with the deceptive intermission of the disease. They said, that the other boy had acted just so, as well as all the other cases that had occurred in that neighborhood, and that they had all died; therefore, I determined to be cautious and guarded in my prognosis of the case.

I ordered them to soak his feet thoroughly in hot mustard water, and also to apply a large mustard sinapism to the nape of his neck and down the spine. And *R. Hydrg. sub murias, grs. xx., Soda bicarb., grs. xij., Pulv. rhei, grs. v. Mix, and give immediately. And left him Quinia sulph., grs. xxx., Pulv. Doveri, grs. xx. Mix, and divide into five powders, and give one powder every three hours after the bowels have moved. Keep a cloth, wet in cold water, on his head, and give him warm drinks. If the bowels do not move in four hours, give him an ounce of castor oil. Thus I left him, with instructions that if anything occurred to let me know immediately. About eight o'clock in the evening, a messenger came, running his horse, saying that he was much worse, and that they desired my attendance as quick as possible. I started immediately; and arrived at their house a little after two o'clock. When I was fully two rods from the house, I heard him screaming; and when I entered his chamber I found things very different from what I left them, a few hours before. Now, he was sweating profusely; head thrown back upon his neck, and the muscles of his neck so rigid that it was impossible to move his head without moving or turning his body also; pulse variable, sometimes 80 to 90 per minute, then again so frequent that I could scarcely count them—these alternations occurred quite often; eyes very red and suffused; pupils changeable, but unaffected by light—sometimes they were dilated largely, and then within a few*

moments would contract down almost to a point; respiration hurried and sighing; bowels have not moved; he has voided his urine twice since my first visit; the pains in his head and neck seem to be decidedly paroxysmal, they come on suddenly and then he clasps his head with both hands and screams terribly. Soon after I left, in the afternoon, they substituted a large blister for the mustard to the nape of the neck. The blister has drawn quite thoroughly and is well filled. He is about semi-comatose, very restless, swallows with difficulty. Scarified thoroughly along the spine, below the blister, and drew from four to five ounces of blood; then covered the scarified surface with a new poultice covered with powdered morphia; enclosed the head in powdered ice; gave an enema of soap suds, castor oil, and turpentine. Also, one of the quinine powders immediately. Also, x gtts. of fluid extract of belladonna and xv gtts. of fluid extract of hyoscyamus every two hours. Fed him freely of Bourbon whiskey saturated with chlorate of potassa. I know that my directions were followed punctually to the letter, as I did not leave the bedside of my patient at all, but watched everything and every symptom closely all the time, determined to see if I could not detect something that might throw some new light upon this particular malady. 12 o'clock midnight.—All the symptoms about the same; bowels have not moved; repeated the enema; and continued the other treatment. 4 o'clock A.M.—No better; symptoms about the same; surface a little cooler, and a little blue denoting capillary congestion. Placed bottles filled with hot water about the patient and added capsicum to the prescription. Continued other medicines as before. Sunday morning, 8 o'clock.—No better; head is hotter and extremities colder. Repeated the cups to the spine and back of the head over the mastoid processes; repeat the enema. Retains the enemas, but the bowels do not act. He retains the medicines and stimulants well. No nausea. Still screams occasionally, and grasps his head with his hands frequently. Applied the cups to his temples, and drew blood freely. Continued the other treatment. 12 o'clock M.—Is no better; head symptoms are in-

creasing; pupils are dilated, either from effusion or from the belladonna; he is more restless; bowels are rumbling freely; repeated the enema and continued the other treatment.

3 o'clock P.M.—Bowels have moved freely; he is more quiet and rational; skin warmer and moist; pupils still dilated; pulse 120 per minute; respiration sighing; do not think the muscles of the back of his neck are quite so rigid; complains of severe pain in the back of his head and neck; continue all the treatment.

Sunday evening, 6 o'clock.—Patient seems better; he has slept some, and is warmer and sweating freely; called for the vessel and voided his urine, which is very high colored, and has a decidedly ammoniacal smell; he says he feels better, and that his head does not ache much now; pupils still dilated; pulse irregular; respiration is slow but sighing; continue treatment.

Sunday night, 10 o'clock.—Patient not so well; head is hotter and surface colder; more restless and screams again; muscles of the neck not much rigid now; he throws himself about constantly; respiration irregular and sighing; does not answer questions as correctly; calls his friends, and says "come, let's go home." I repeated the cups; drew more blood, and continued all the other treatment energetically, but to no purpose. He grew worse; his head became hotter and thrown back again, and became more rigid than ever; had a few tetanic twitchings of the muscles, and died at 2 o'clock on Monday morning. I could not secure a *post mortem*. Thus, gentlemen, you have the particulars of the case and treatment. He died. Did I treat him right? Please give me your views of the case—and the disease.

ARTICLE XXIX.

HISTORY OF THE SYMPTOMS OF DR. J. P. F. PREVIOUS TO DEATH,

BY LETTER FROM DR. CLARK;

ALSO, SYNOPSIS OF NOTES TAKEN AT THE
POST MORTEM.

By HIRAM WANZER, M.D., of Chicago, Ill.

Communicated to the Chicago Medical Society. May 20, 1864.

DR. JOHN S. CLARK states as follows:—Was consulted by a friend of Dr. Jacob P. Fuller, on the 9th May, who thought he was becoming insane. From the description of the case I thought so too, and advised his removal to the asylum.

Two or three days after, I saw him in the street. My attention was drawn to him by his nervous and excited manner. On Sunday, the 15th, was called to see him, about 1 o'clock P.M. Found him lying upon a sofa; head on pillows; and breathing peculiarly. Some half dozen short, light, easy respirations, and then a deep one, with a noise as of strangling; his lips were livid; pupils contracted; pulse 80 and regular. He was in a state of profound stupor. Had him placed in the middle of the room, with his head and shoulders elevated, and all the windows and doors open; dashed his head with cold water, and covered his legs and feet with mustard plasters. Fearing some narcotic poison, tried to use the stomach-pump, but could not, owing to the tube, which was old, and softened as soon as warm, collapsing. Then gave an emetic of sulphate of zinc, which took half an hour to give, for fear of strangling. All this time his feet and legs were bitten by the mustard; his hands and arms were thoroughly rubbed and slapped; the emetic did not operate. The stupor continued; and from the beginning to the end of the case, there was not the least sign of consciousness. The respirations became more difficult and often ceased altogether, for an interval of a minute or so, then rallying with a great gasp. At such times the pulse would falter, and fall as low as 36, about five hours after being taken; large quantities

of pink-colored frothy mucus was forced out of the mouth and nostrils, and continued for over an hour to flow quite freely; at this time the pulse at the wrist had ceased.

At 8 o'clock he died.

J. S. CLARK, M.D.

No. 333 North Wells Street.

MR. PRESIDENT AND GENTLEMEN:—It was my privilege, on Monday evening, this week, to assist Dr. HATCH at a *post mortem* upon the body of Dr. J. P. F., dentist, aged 24. Autopsy revealed death from cerebral apoplexy or hæmorrhage of the brain. No serous effusions were found upon removing the calvarium; no external lesions, ecchymosis, or abrasions whatever were found to indicate the cause of death from outward violence. The dura mater was apparently normal; the arachnoid and pia mater were adherent closely to it by previous plastic inflammation. The cerebral surface of the pia mater was covered with a layer of sily blood, indicating there had been at one time active meningitis. The second pathological condition discovered was a quantity of coagulated blood around the optic nerves, optic commissures, optic tracts, which in my opinion did account for paroxysmal pains over the orbits, frequently amounting to agony. During such periods, he would throw the hand to the forehead and with its palm make pressure at that point. There were clots at different points in both cerebral hemispheres all that we discovered. There was especially one large clot extending over the floor of the right lateral ventricle, covering part of the velum interpositum, thalami optici, and corpora striata. The blood might have proceeded from the venæ galeni, choroid plexus, and veins of the corporis striata. The various clots throughout the cerebral hemispheres assumed different colors, indicating those lesions were not all recent. The cerebral substance was nearly unaltered in color, save at those points of extravasation, and I think generally whiter than normal and softer in consistence. The exceeding hurry and lateness of the hour forbid our making as thorough an examination as we desired; for I think the microscope would have revealed changes in the arterial and venous coats, perhaps fatty degeneration of their texture, and pus globules in their channels, and

other pathological changes in the cerebral texture our natural eyes did not nor could not detect.

It was our opinion that there were found in the brain pathological changes sufficient to cause death, without examining further other organs essential to life. That those blood clots imprisoned within the cerebral substance had so interrupted the functions of the brain as to cause those symptoms and his early and much lamented death. For several weeks previous to his dissolution, his friends noticed at times peculiar signs of delirium. One habit he acquired of constant expectoration of frothy, colorless mucus; also, occasional incoherent talking. He had frequent forebodings and hours of mental despondency. His mind wandered frequently upon unreal objects, often apprehensive of his professional friends, imagining they were trying to destroy a professional existence he was struggling to establish. At times he apprehended his dearest friends were mixing poison with his food, and it is said he once went to Detroit for his dinner to avoid being poisoned. He occasionally refused all nourishment except from the hands of one very dear and valuable friend in whom his confidence was only separated by death. He suffered frequent tingling prickling sensations in the extremities, significant of approaching paralysis. There was a peculiarity noticed in his walk—his head bowed and eyebrows knit as though he was in deep meditation. At times he was very irritable and irascible in temper. This irritability always appeared beyond his control. The carotids and temporal arteries would then beat vehemently. The vessels of the head and face would become suddenly injected—the skin of a fiery red color.

Might not a series of those paroxysms of morbid excitement, causing such rapid determination of blood to the brain, have induced rupture of attenuated and diseased bloodvessels, causing those extravasations within the cerebeal substance, at various periods. As from the appearance of the blood clots some were old, others recent, coupled with an abiding sub-acute meningeal inflammation, causing the effusion over the cerebral surface of the pia mater. The opinion of the Society is solicited.

ARTICLE XXX.

SUB-CUTANEOUS INJECTION OF QUININE FOR THE CURE OF INTERMITTENT FEVER.—WHO IS ENTITLED TO PRIORITY IN THE PRACTICE?

PROF. N. S. DAVIS, *Editor Chicago Medical Examiner*:

SIR—Enclosed you will be pleased to find \$2.00 for the *Medical Examiner* of 1864.

In the November number, 1863, of the *Medical Examiner*, page 583, I find an article reprinted from the London *Lancet*, penned by W. J. Moore, in Bombay Medical Service, dated Bombay, 1863, wherein he states: "and I have latterly employed a strong solution of quinine for the cure of intermittent fever by the method of sub-cutaneous injection." He is desirous in consequence of the success which has attended the practice to call the attention to this "novel mode of using quinine;" further he says, "since the period I commenced to use quinine in this manner, I have been surprised and pleased to find in one of the Medical Periodicals that the same plan has been pursued by Dr. Chasseaud, of Smyrna, who reports 150 cures, and especially recommends the system in fever complicated with gastric symptoms, when the exhibition of quinine by the mouth is often inefficient, difficult, and hazardous." You will please to recollect that in your presence, at the 12th annual meeting of the American Medical Association, held in Louisville, Ky., in May, 1859, I read a paper on "Sub-cutaneous Injections of medicines in general, and especially of preparations of Peruvian bark in intermittent fevers and other diseases."

At the same meeting a committee was appointed to report at the next meeting. See transactions of the 12th annual meeting of the American Medical Association. By this the profession has evidence of the fact that more than *four years* prior to any notice of Dr. Chasseaud, of Smyrna, and Moore, of Bombay, I had published and circulated my paper on sub-cutaneous injections of medicines in general, and especially of preparations of Peruvian bark in intermittent fevers, and other dis-

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eases, and that nearly a year prior to my publication I had practiced it with the best of success; also, that a lengthy communication of twenty-four columns on *hypodermic medication, and cases thus treated mostly with a solution of sulphate of quinine*, was published in the *New York Medical Press*, of June 16, 1860, Vol. III, No. 25, then edited by Drs. Kiernan and O'Meagher, now surgeons in the U.S.V. Army.

I have waited six months, patiently, to see at least those medical papers who were cognizant of my articles in 1859-1860, and who published, the articles mentioned above, in the *London Lancet*, 1863, do justice, if not to me at least to the history of medicine, and to themselves, by either correcting the statement "THIS NOVEL (1863) MODE" of using quinine, or by stating by whom and when the first known use was made, and the first public notice was given. Please insert this in the May number, with such comments as you see proper.

Yours, with sincerity,

DR. IGNATIUS LANGER.

Davenport, Iowa, April 26, 1864.

Selections.

CASES OF GASTRALGIA AND IRRITABLE STOMACH; USE OF THE PURIFIED OXIDE OF MANGANESE.

From the perusal of Dr. Leared's observations on manganese as a remedy in disease of the stomach, Dr. Rogers was led to make a trial of this drug in cases of obstinate dyspepsia. Two of the patients in the following cases suffered from gastralgia; one from uterine derangement and sympathetic irritation of the stomach; and in the fourth, the discomfort after meals was probably caused by exalted sensibility of the mucous membrane in the manner described by Dr. Leared.

M. S., aged twenty-nine, a florid-looking married woman, had been under treatment for severe pain at the scrobiculus cordis,

with occasional vomiting, since the latter part of November, 1863. Various remedies had been tried, none of them affording more than temporary relief. Dr. Rogers prescribed for the patient oxide of manganese in doses of ten grains three times a day.

Jan. 12th.—There was some difficulty in persuading her to persevere with the medicine, as she complained of its extreme "grittiness."

15th.—Has had no vomiting; less pain. To leave off eating supper, but before bedtime to take a dose of the mixture.

19th.—No pain after meals yesterday; bowels costive. To take a senna draught immediately.

29th.—Has not felt so "light and cheerful" for months, and is full of profuse expressions of gratitude. No nausea after taking the medicine.

Feb. 9th.—Discharged cured, but recommended to continue the mixture once a day for another week.

J. C., aged thirty-four, employed in the main drainage works. Had symptoms very similar to the above, for which he had been treated early last autumn at the hospital, but soon discontinued his attendance. He came again on Jan. 19th, and attributed all his "queer pain" to the beer he drank, but could not make up his mind to forego his favorite luxury. The manganese was given in doses of ten and fifteen grains three times a day, the diet not being altered in the least. On the 9th of February he was discharged well, having taken altogether sixty-two doses of the manganese.

H. D., aged twenty, a young woman of nervous temperament. Suffers from leucorrhœa, and a few months since was in the hospital under the care of Mr. Bird, who removed a vascular excrescence from the urethra. In addition to leucorrhœa, she complains of hypogastric pains, disrelish for food, and considerable thirst. There is a constant pain at the epigastrium, and occasionally rejection of the food immediately after it is swallowed. Dr. Rogers contemplated giving the oxide of silver, but the manganese has already done so much to relieve the gastric irritability that it is hoped a persistence in its use will effect a cure.

The fourth case is that of A. G., aged twenty-four, a laundress, who had constant heartburn and great discomfit after every meal, most likely attributable, as before stated, to unduly exalted sensibility of the mucous lining of the stomach, arising either from an irritable condition of the nervous filaments, or from excessive secretion of gastric juice, accompanied by

increased vascularity. This patient was also troubled with shifting rheumatic pains. The uterine functions were regular; the bowels rather costive; tongue dirty. Bismuth gave no relief, and the mineral acids and bitter tonics were tried, but with no good effect. At times she was compelled to leave off work for a week together. Hydrocyanic acid and soda palliated the symptoms, but she was soon as bad as ever. On the 15th of January she commenced taking the oxide of manganese in ten-grain doses three times a day, and steadily continued it up to the 9th of February, when she stated that she was free from all uneasiness, and was about to take a new situation.

These four cases which are not picked ones, but such as come before the hospital physician every time he attends in the outpatient rooms, are intended further to illustrate the effects of a valuable agent which Dr. Leared has already so successfully employed in the treatment of forms of certain dyspepsia. Its comparative cheapness is, as Dr. Leared says, a great recommendation for hospital practice. Independently of this, however, there is a strong probability that Dr. Leared is correct in affirming its superiority to bismuth in many cases of gastralgia.

At the West London Hospital the purified oxide of manganese is procured as originally recommended from Messrs. Garden and Robbins, of Oxford street. It has not yet been exhibited in the form of powder, but as a draught; the compound tragacanth powder being used to suspend the manganese. It may be as well to mention that Dr. Neligan has recommended the *sulphate* of manganese in dyspeptic affections and bilious disorders, not with a view of sheathing the mucous surface denuded of its epithelium, which is Dr. Leared's aim, but of promoting increased biliary secretion.—*London Lancet*.

ON A NEW OPERATION FOR OBTAINING UNION OF AN UNUNITED FRACTURE, WITH REMARKS ON ITS APPLICATION IN CERTAIN CASES OF RECENT FRACTURE.

By E. R. RICKERSTETH, F. R. C. S., Surgeon to the Liverpool Royal Infirmary.

In bringing this subject before the attention of the Society, the author proposed to mention some cases that had occurred in his practice to show the successive steps by which he arrived at the process in question. He had frequently tried, in vain, friction, accupuncture, and subcutaneous division; and though re-

section of the ends of the bone had been successful in some instances, it was a proceeding involving a considerable risk of life. Dieffenbach's method had proved to be more successful; but this operation, though conducive to the formation of new bone, in no way provided for what was of paramount importance—viz: absolute immobility of the opposing fragments. The large external wound and injury done to the soft parts in introducing the ivory pegs were also objections to this operation. Recognizing the happy influence of Dieffenbach's plan of exciting ossific deposit, and, at the same time feeling the importance of keeping the ends of the bone in a condition of absolute immobility, the author was induced to try a modification of the operation; and in the case of a man admitted under his care at the Liverpool Royal Infirmary, with an ununited fracture of the radius, he drilled a hole through the ends of both fragments, and, passing a stout wire through it, secured the bone in perfect apposition. Union took place in seven or eight weeks, but on endeavoring to remove the wire, so much traction was necessary that it caused the fracture again to be ununited. This difficulty of removing the wire induced the author to think of some other plan not open to this objection; and in the case of a man with an ununited fracture of the thigh, by means of a common Archimedean drill, he bored two holes in such directions that each passed obliquely through both ends of the fractured bone, and into each introduced a steel rod with a screw at the end. To do this it was necessary to make an incision three inches in length. Much constitutional disturbance followed, the wound suppurating freely. In ten weeks the splints were removed, but no union had taken place. The limb was then confined in gum-and-chalk bandages. Symptoms of pleuro-pneumonia came on, and he gradually sank. A *post mortem* examination showed tubercular deposit in the ends of the bone and other parts of the body. There was no attempt at repair at the seat of fracture, except where the drills had pierced the bone, and here there was a deposit of new bone. This proceeding showed that it was quite feasible to fix the bone in the manner described, without exciting too much inflammatory action; and also that the steel rods caused the formation of new bone.

The next case was a fracture of the lower maxilla, where the bones had united in such a position as to render the patient a most unsightly object. As the incision that would be necessary in this instance, for the purpose both of putting the bone into proper position and removing the deformity of the soft parts, would not allow the use of external splints or supports, and as

it was found impracticable to effect this object by fixing the teeth by an appliance within the mouth, it was absolutely necessary that some means should be devised by which the divided portions of the jaw could be securely fixed; and it occurred to the author that pegs or nails would answer the purpose; especially as he had already observed their presence caused so little inconvenience. Accordingly, at the operation, the plan just mentioned was carried out, and the apposition of the fractured portions was secured by means of two round-headed nails. They most effectually answered their purpose, and no external splint or bandage was required. The case did well, no undue action being set up. On the twenty-second day after the operation, one of the nails came away. The patient left the infirmary perfectly well, the jaw being firmly united in its proper position, and the deformity of the soft parts removed. One of the nails still remained in; and the last account states that its presence caused no inconvenience.

The third case recorded was one that presented many points in common with the one just narrated. No external incision was made, and ordinary drill heads were substituted for nails. The result was everything that the author could have wished.

These cases show how readily and with what good effect fractured bones may be fastened together. Surgeons have ever recognised the use of sutures with regard to the soft parts.—Why should we not, in cases of difficulty arising from an inability to keep the surfaces in proper apposition, adopt the same plan with the bones? Might not this process be applicable in some cases where division of the tendo-Achillis is required, or where such an operation as sawing off the ends of the bone is indicated? From a consideration of the cases narrated, Mr. Bickersteth proposed to treat an ununited fracture by passing one or more drills through the broken ends of the bone in such a manner as to secure their perfect immobility, and without making any external wound beyond that caused by the entrance of the drill. The limb should then be secured by properly adjusted splints, and kept at perfect rest. After two or three weeks the drills may be removed, and water-dressing applied to the punctures. For several weeks after, it would, of course, be desirable to continue the use of the splints. In conclusion, the author begged to place upon record three cases of ununited fracture recently treated by his friend, Mr. Fletcher, on the plan that he (Mr. Bickersteth) had suggested, and in each the result had been most satisfactory.

Mr. Fergusson said that he scarcely remembered to have heard

a paper of greater surgical interest than the one just read. It had the merit of bringing out much that was going on in the modern practice of surgery, and he thought the paper would lead to greater improvements in practice. Here was further proof, he continued, of the advantage of wire and metal in instances in which in former times we were loth to use such materials. He had had the impression that ivory pegs, being softer, would be less likely to do harm; but now the author had shown that metal might be safely used. And it had been shown, too, that the commoner metals were as useful as the rarer; that iron wire was as useful as silver wire. In the same way, cauterization by an iron instrument was just as useful as by a gold or silver one. Dieffenbach had used the pegs of ivory to create irritation only, but the author had gone further, and fastened the bones together by pegs of iron. The author had shown that much might be done in desperate cases of ununited fracture. From hearing the cases related by the author, he should consider that the plan was safe, and that it ought to command attention. Mr. Fergusson said that he once saw Mr. Abernethy attempt to pass a seton between the ends of an ununited fracture. Failing to do so, he left a probe sticking in the wound between the ends of the bones. The result was good.

Mr. Holthouse thought the interest of the author's plan was not only in fastening the bone together, but in doing it subcutaneously. This was a great merit, and no doubt would lead to the adoption of the plan and to beneficial results in practice. Mr. Holthouse then gave the particulars of a case of ununited fracture of the humerus under his care at the Westminster Hospital, in which he had adopted the novel proceeding of inserting the sharpened end of the lower fragment into the cancellous structure of the upper, thus imitating an impacted fracture.—This plan, however, did not succeed. The case was, however, a complicated one, there being anchylosis of the elbow.

Mr. Holmes Coote rose to correct what he believed was a very general and erroneous impression as to the views of Dieffenbach. This surgeon used to cut down to the ends of the bones and pass in ivory pegs, with the hope of creating irritation; but, if he could do it easily, he used also to fasten the ends of the bone together. Mr. Coote thought that three classes of cases ought to be distinguished: first, those in which there was union in good time; second, those in which union was simply retarded; and third, those in which union could not be obtained, as the ends of the bones were in a state of fatty degeneration. In the third class no good results could be hoped for.

Mr. Curling regarded the author's plan as ingenious, as a happy application of the modern treatment with metallic substances and as calculated to be of great service, not only in ununited fractures, but also in compound and in complicated simple fractures, when it was difficult to keep the parts in position. He was struck with the remark in the paper that the author had met with numerous cases of ununited fracture. Though Mr. Curling had been long attached to a large hospital where a great many fractures were admitted, he had seen only a few cases of ununited fracture, and all of them had been brought to the hospital in that condition, most of them being the result of accidents which had occurred at sea. The author, being surgeon to the principal hospital in the chief seaport city in this country, probably met with an unusual number of such cases. Mr. Curling had seen, however, many cases of delayed union, and mentioned two remarkable cases of the kind, one a double fracture of the thigh, which happened at sea seven months before, and might have been considered an ununited fracture, but which got firm in a plaster of Paris case. He called attention to a constitutional indisposition to ossific union, independent of the general health, which was manifested in young people as well as in adults, and gave an instance in point of long delayed union in a fracture of the tibia in a girl.

Mr. Barwell, while agreeing with what had fallen from Mr. Holmes Coote concerning the degenerated condition of bones, considered that such condition was the result, more frequently than the cause, of non-union. It was a law of animal nature that any organ losing its functions should degenerate. Thus when a bone lost its power of support, the surrounding muscular pressure and other conditions of its healthy life, it would surely degenerate; but until that degeneration had reached a high point it might still be restored. A remarkable case had occurred to him lately, which would also show that in certain instances the admirable plan proposed by Mr. Bickersteth would be unavailing—as in cases where the non-union was produced by a large quantity of soft parts intruding between the fractured ends. The case alluded to was as follows: About eighteen months ago, a man broke his arm about two inches and a half above the elbow. He was admitted into the Charing Cross Hospital. The fracture united well, and the man was discharged cured. The same night, however, he got very drunk, and broke his arm again, but took no notice of the circumstance, continuing drunk for about a fortnight. Two months ago, he again entered the Hospital with a broken arm. As Mr. Barwell had

been for some time taking the duty of his colleague Mr. Canton, this case came, about a fortnight ago, under his observation, and he determined to operate. The upper and longer fragment was on the outer side, its lower end overlapping the head of the radius. The inner end of the lower fragment was half-way up the inner side of the arm. The movement to and fro of this portion was very considerable; but there was always a wide interval between the two bones, which was occupied constantly by the anterior brachial muscle, sometimes also by part of the biceps, and in certain positions it seemed as though the artery and nerve also got between the fragments. The man having been placed under the influence of chloroform, Mr. Barwell made an incision two inches long over the outer fragment, and, turning out its end, sawed out a wedge-shaped piece, so as to leave an angular gap or notch in the end of the bone. The inner fragment lay so far away from the wound, and in such close proximity to the artery and nerve, that the greatest care was required in getting its end to protrude at the wound. This, however, was accomplished without any untoward accident, and the end was cut into a wedge shape, so as to fit with some degree of accuracy the interval in the upper fragment; traction was made upon the arm, and the two portions fitted together, and with the aid of a splint they retained perfect apposition. A singular condition of bone revealed itself during the operation—namely, that the periosteum on the upper fragment was loose, and could be slipped up of the bone as a man might turn up his shirt-sleeves. This tissue was carefully replaced, yet, on account of this condition of bone, he (Mr. Barwell) could not but look to the issue of the case with some anxiety. The man had had as yet (ten days afterwards) no bad symptom.

Mr. C. H. Moore thought the plan suggested would be valuable in some cases; but there would be some risk to life by tetanus and pyæmia.

Mr. Hilton said that, as a surgeon to a large hospital, he must add to the commendations of the other speakers his opinion that the paper was one of great interest, and that the plan was likely to be very useful when ordinary treatment had failed. He (Mr. Hilton) understood Mr. Holmes Coote to say that when there was fatty degeneration of the bone the ends never would or could unite; yet the author had related a case of cure by his plan, although at the operation the bone was so soft that a knife was passed through it.—*London Lancet.*

ON DREAMING AND SOMNAMBULISM IN RELATION TO THE FUNCTIONS OF CERTAIN NERVE-CENTRES.

By W. S. SAVORY, ESQ., F. R. S.

In the first portion of the discourse a sketch was given of the general plan of construction of the nervous system, from the simplest to the more complex forms. Then the different kinds of reflex action were alluded to, and the several centres indicated which, with greater or less certainty, are known to be concerned in their production. Thus the simplest and most universal form of reflex action, called excito-motor, being not necessarily attended by sensation or consciousness, was referred to the spinal cord and medulla oblongata. Sensori-motor actions, those which involve sensation or consciousness, but which do not necessarily arouse ideas, were referred to certain ganglia beyond, such as the optic thalami—the corpora striata being, perhaps, concerned in motion—and the olfactory, optic, auditory, and gustatory ganglia; these, in all probability, collectively constituting what is called the sensorium, each kind of sensation being produced through its own proper ganglion. Lastly, those acts which involve ideas, and which are therefore called ideo-motor, were referred to the cerebrum.

The production of what are called subjective sensations was accounted for by the fact, that if an impression be made on any part of a sensitive nerve, even if in the centre to which it passes, the sensorium perceiving that impression, refers it, not to the part of the nerve which is impressed, but to its periphery, to the part to which the filaments are distributed.

Then sleep was described as a state of rest of the sensorium and cerebral lobes. Its leading phenomena are the result of the suspension of their functions—the suspension of consciousness and of the mental faculties generally. Sleep is to the brain what rest is to every organ of the body.

Of dreaming it was said: When sleep is partial or imperfect the functions of those ganglia whose rest is sleep will not be entirely suspended. They will remain, in some measure, active. Impressions will still be recognised by the cerebral hemispheres, and will give rise to ideas. Thus dreams are produced. Dreams, therefore, are the result of imperfect exercise of the hemispheres when in a state of partial repose. There may be total abstinence of consciousness of external things, and yet withal a state of mental activity varying greatly in degree and

duration. Dreams, then, occur when sleep is not profound.—They cannot arise during complete repose.

There is no sufficient reason to deny the existence of a period of complete unconsciousness—of complete suspension of the mental faculties. Doubtless the brain, like other organs, is at times in absolute repose. While dreaming, sleep must be considered imperfect.

Again, if the general view here expressed be the correct one, that dreaming is the natural condition of imperfect repose, there is no good reason for denying the supervision of dreams at any period of sleep.

There can be little doubt that dreams are very transient, but the evidence of the extreme rapidity which has been assigned to all of them is defective. Of course the duration of dreams bears no comparison to that of the events and circumstances which they picture. But looking at the relation of dreaming to somnambulism, their frequent occurrence, the period occupied by day-dreams, and the time that disturbed sleep and other indications of dreaming will sometimes last, it is, perhaps, more reasonable to conclude that some dreams are not so instantaneous as many imagine.

It is highly probable that all animals with cerebral hemispheres dream. This conclusion, which naturally follows on the view here taken of the nature of dreams, is confirmed by observation.

When impressions reach the cerebral hemispheres they arouse ideas. Impressions may be objective, arising from without, what we call real; or subjective, arising from within, what we call fancies. The exciting cause of dreams, then, may come from without or from within.

As the chief feature of sleep is a state of unconsciousness, so, in general, the remarkable feature of dreaming appears to be an absence of the power of the will over the current of thought and over action. Thus ideas are aroused in rapid succession without guidance or correction, but no volitional acts are accomplished. Hence the frequent incoherence and inconsistency of dreams. Of course there are all degrees of this. Dreams may be and, often are, consistent and rational, whether from the more complete exercise of the cerebral lobes, or from the nature of the impressions which excite them; but oftentimes they are characterized by a strange want of regulation and co-ordination of the ideas which represent them. When, therefore, we dream what we call nonsense, it is because there is a partial or complete absence of voluntary control over the current of thought,

and because we cannot compare our conceptions and ideas with surrounding objects and circumstances, and thus correct them.

The extent to which the ideas that constitute dreams are coherent, depends probably, in great measure, upon whether they are habitual or strange to the waking state. When the will is not alert, old ideas are more apt to be orderly than new ones, for the former may fall into their accustomed sequence, whereas the latter have not even habit to arrange them. Every one knows, for instance, how an idea excited by an impression may forthwith arouse a train of others which have been before associated with it. Thus, for the most part, dreams are rational in proportion as they arise out of existing circumstances.

In comparing, then, the condition of the mind in dreaming with its active state while awake, we are led to notice these distinguished features:—

The will is in abeyance. It ceases to control, or rather to direct, the current of thought.

The correcting influence of external impressions is suspended.

Impressions conveyed to the brain when awake excite ideas, which are, for the most part, in a healthy mind, subjected to the regulating influence of the will; and if they give rise to acts these are voluntary and rational. But when the influence of the will is suspended, and it ceases to direct the current of thought, the acts which such ideas thus produced may at once excite are often strikingly irrational or altogether absurd.—Such examples may be seen in persons intoxicated by alcohol, or laughing gas.

As in these cases, so, in the same way, it is doubtless possible sometimes to lead the ideas during sleep, when not profound, by means of external impressions, and even to determine their nature. Thus gloomy ideas may be suggested by a dull tone of the voice, while cheerful ones may be aroused by lively sounds. In the same way the ideas may be adapted to certain conditions in which a person may be placed. Every work on the subject contains some illustrations of this. And just as a dream may be started by an external impression, so an impression made upon any of the senses during a dream will oftentimes fall into the current of ideas then flowing through the mind. Thus a noise may become the report of firearms, or the shout of a multitude, or a peal of bells, or something else, according to the subject of the dream.

The nature of dreams, in their relation to the absence of the correcting influence of surrounding circumstances, is well illustrated by the effect of darkness and silence on delirium. The

phantoms which then arise, the correcting influence of external circumstances being shut out, will often at once disappear in the presence of light or at the sound of a well-known voice.

There is a peculiar condition of the mind often occurring in some persons which is well expressed by the term *day-dreaming*. In this state the ideas are allowed to flow on without control. They are not restrained by any effort of the will. In the worst form they are not even co-ordinated. One idea suggests another, and so on until the thoughts have wandered far away from the original subject. Nothing is seen but the vision of fancy. The most improbable, nay impossible, prospects are conjured up and contemplated either as present or future realities, and no attempt is made to check or control the most extravagant or erroneous conclusions. Here, however, at least at the outset, there is an indisposition rather than an inability to reason. When in this state a person is said to build castles in the air. The mind is wholly withdrawn from the consideration of external and surrounding circumstances, and revels in the luxuriance of its thoughts. This is really a dreaming state, although, owing to the activity of the sensorium, day-dreams are more readily corrected by external circumstances.

Indeed, if we attend at all to the state of our mind, we must observe that it varies widely, and during a considerable portion of our waking hours, in many persons, especially the young, its condition is not far removed from day-dreaming. When we are not at work, when the attention is not fixed, during periods of leisure, the intellect is wont to escape insensibility from the control and direction of the will, and to wander far on into the regions of thought, one idea suggesting another, which forthwith takes its place. One step farther, and the influence of surrounding circumstances is almost shut out, and the imagination revels without restraint. Then we may be said to dream.

Day-dreaming, or reverie, and the dreams of sleep are connected by a peculiar phase of dreaming which sometimes occurs when the sleep is unusually light, or more often when we are awakening out of sleep. In this state the sensorium is more or less active. We are conscious. It is characterized, moreover, by a partial and imperfect control over the current of thought, and a voluntary effort, in some degree successful, is made to prolong agreeable ideas and to dispel gloomy ones. This condition must be familiar to every one as occurring at the dawn of day before rising.

Again, every one knows that a dream out of which we have awakened is very liable to occur if we fall asleep again. Such

cases tend to establish the relation between our sleeping and waking thoughts. By watching and analyzing the phenomena we can observe how insensibly they pass into each other, the vision of our sleep, rising into ascendancy as the influence of external impressions and of the will is withdrawn.

Of somnambulism. Now just as dreams may be regarded as due to partial activity of the cerebral lobes, when in a state of imperfect repose, so may the condition termed somnambulism be regarded as essentially the result of a state of more or less complete activity of the sensorium, the hemispheres beyond being nevertheless at rest.

In what may be called the purest form of somnambulism various acts may be accomplished in the most perfect manner, as the direct result of impressions, without any evidence of the intervention of ideas. But although in somnambulism impressions do not necessarily arouse ideas, yet they nevertheless produce sensations and determine sensori-motor acts. That they react on the sensorium, and are not merely excito-motor in their nature, is evident from their results. Sounds are sometimes heard, and objects recognized by the sight and touch.

The term somnambulism appears to be very loosely employed. In its common acceptation a combination of dreaming and somnambulism is implied. Perhaps, indeed, this is the most common form of somnambulism. Not only is the sensorium active, but the hemispheres themselves are partially awake. But although the description usually given of somnambulism would imply an active state of the cerebral hemispheres as well as of the sensorium, would include a state which is essentially that of dreaming—so that somnambulism is described as an “acted dream”—yet, while admitting that this more complicated condition may be a common one, it is in the highest degree important to recognize the fact, that a state may occur in which some or all of the sensorial centres are active, the cerebrum itself being nevertheless in a state of complete repose; the actions which result being simply sensori-motor or instinctive ones. Thus no ideas are aroused, and nothing is remembered. This may be described as the simplest and purest form of somnambulism.

It seems, then, that the clearest and most correct idea will be obtained of the two states, and of their relation to each other, by regarding them as manifestations of various degrees of activity of those centres which in profound sleep pass into a state of complete repose; that either alone may be active, while the other is at rest, or both together in imperfect sleep may exhibit all degrees of partial activity, in various proportion, short of

that thorough and complete exercise of their functions when wide awake.

It appears that this view will afford an insight into certain facts which do not otherwise admit of explanation.

Dreaming is more frequent than somnambulism, because of all portions of the nervous system the cerebral lobes are the most sensitive to variations in the quantity and quality of blood circulating through them. Witness the effects of alcohol, ether, and chloroform.

Somnambulism is more common in the young, because then the sensorial centres are more prone to activity. With regard to dreams the rule is less general, being influenced by habits of mental exercise.

The remembrance of dreams, not of somnambulistic acts. It is important to note the absence of memory in somnambulism. It appears that acts purely somnambulistic are never remembered or recalled. This seems to point to their nature. They find their parallel in instinctive actions.

The dexterity and accuracy of somnambulistic act; for example, of muscular movements in walking. Perhaps in this case the cerebellum is awake also.

The somnambulist walks across a narrow plank over a frightful chasm steadily and without fear. Why? Because the act is a sensori-motor one, and no idea is called into play. For the same reason, a person wide awake may accomplish the same feat in the same manner if the danger be concealed from him—if he have no idea of it. In the former case, he may see it, but has no idea of it; in the latter, he has no idea of it because he cannot see it.

In this view of the matter, therefore, the actions of the somnambulist are essentially of the nature of instinctive ones. A careful analysis of them show that they possess this character. In the simplest and purest form of somnambulism, as in the simplest and purest examples of instinctive acts, there is not any satisfactory evidence of the operation of the intellectual powers. In either case is seen the adaptation of means to ends; but there is no evidence of the intervention of ideas, of the calculation of consequences, of reason. This difference, however, must be noted in the two cases: The operations of instinct are invariably associated with an active and acute state of the senses. In somnambulism all the senses are not commonly in full activity.

Summarily, then, these several states may be thus contrasted:—

In profound sleep there are no acts beyond excito-motor ones, and even these are reduced.

In somnambulism there are, beyond these, sensori-motor acts. In dreaming ideas are aroused.

Dreaming, or a combination of the two, must be distinguished from purely somnambulistic acts. Perhaps in the most common form of somnambulism dreaming is, to a greater or less extent, combined with it. Thus somnambulism is presented under various forms, according to the absolute and relative degree of activity of the different senses and the condition of the cerebral lobes. All forms occur, from merely turning in sleep, to walking, talking, writing, and so-forth.

And as in somnambulism some degree of activity of the cerebral lobes may be associated with an active state of the sensorium, so in dreaming some degree of activity of the sensorium may be combined with an active state of the cerebral lobes.

In those cases of so-called somnambulism in which acts are performed which involve a considerable exercise of the mental powers, the simple somnambulistic state must be combined with vivid dreaming. In this combination so many of the faculties are more or less active—so few, if any, completely at rest—that the individual is more awake than asleep.—*London Lancet.*

SPECIALTIES.

The question of specialties has nearly found its level in this country, and has been settled by admitting them in the bosom of the hospitals and centres of instruction, where they can serve purposes of progress and education within salutary limits and subject to the regulations of the general body. Left to themselves they grow rank and overrun the place in lawless outgrowths. In America, the professors of specialties have adopted the fashion of advertising. Thus we read that "Dr. Elsberg, Lecturer on the Laryngoscope and Diseases of the Larynx and Throat in the University of New York, devotes himself specially to the treatment of disease of the larynx and neighboring organs—office hours from four to six P.M.;" which announcement, with others similar to it, appears in large capitals, variously spaced, in the advertising columns of the principal weekly periodicals of America. Here there could not be any difference of opinion about the exceedingly gross impropriety of such a proceeding. However, various standards rule in different coun-

ries, and possibly the American profession may find as much reason to wonder at irregularities that we tolerate, as we do at the lax proceedings which their professional code admits.

The extent to which this system of open puffing has reached in the advertising columns of the journals, has led, however, to the following result. At a regular meeting of the New York County Medical Society, held on the 4th of January, 1864, the subjoined resolution was passed:—

“Resolved,—That in view of the unsettled state of opinion amongst medical practitioners concerning the propriety of advertising ‘specialties’ in medical and other journals, the delegates of this Society be instructed to bring this subject before the Medical Society of the State of New York at its next meeting, with the view to the establishment of some definite regulations concerning it.”

In consequence of which a committee was appointed to prepare a report on the subject by the State Society, and the committee, which included the honored name of Dr. Brinsmade, on a subsequent day presented the following report and resolutions:—

“The undersigned appointed a special committee to report upon a resolution passed by the Medical Society of the County of New York in relation to the propriety of medical practitioners advertising their ‘specialties’ in medical or other journals, and referred to this Society for decision, beg leave to offer the following resolutions:—

“Resolved,—That in the opinion of this Society it is impossible to define the limits of advertising ‘medical specialties,’ either in medical or other journals.

“Resolved,—That advertisements indicating location and residence are the utmost limits of self-announcement consistent with professional dignity; and that all references to special branches of medical practice, as extra inducements to patronage, should be deemed violations of the code of medical ethics.

“Resolved,—That hereafter any medical practitioner so offending shall be deemed disqualified as a delegate to, or for membership of, this Society; and if already a delegate to or member thereof, shall be deemed a fit subject for discipline.

“Resolved,—That this Society recommends all medical societies in the State of New York to adopt the foregoing resolutions to establish the true dignity of our profession.

“Resolved,—That the foregoing resolutions be transmitted to the American Medical Association at its next annual meeting as an expression of the opinion of the medical societies of the

State of New York, and that for this purpose a Committee of presentation be appointed.

("Signed)

THOMAS C. BRINSMADE,
HOWARD TOWNSAND,
GUIDO FURMAN."

The report was accepted; and, on the motion of Dr. Jenkins, the subject was made the special order for the second day of the next annual meeting.

Thus the specialists receive a check; but the admission is made that advertisements indicating location and residence are consistent with professional dignity—a proposition which it seems to us very difficult to maintain, and which would assuredly be rejected with unanimity by any English Society. So far as they go, these resolutions are of good effect; but we could desire, in the common interests of professional dignity, that they should go further.—*London Lancet.*

Editorial.

RECORD OF PROCEEDINGS OF THE AMERICAN MEDICAL ASSOCIATION. FIFTEENTH ANNUAL MEETING. HELD IN IRVING HALL, IN THE CITY OF NEW YORK, COMMENCING JUNE 7, 1864.

The following record has been compiled from the proof-sheets of the *New York Medical Independent*, kindly furnished us by the editors of that journal, and for which we return them our thanks.

FIRST DAY—MORNING SESSION.

At 11 o'clock, A. M., the Association was called to order by the President, Dr. ALDEN MARCH, of Albany, N. Y., aided by Vice-Presidents JAMES COUPER, of Delaware, D. PRINCE, of Illinois, and C. C. COX, of Vol. Med. Staff of U. S. Army.

The Secretaries, Drs. H. A. JOHNSON, of Illinois, and G. FURMAN, of New York, were also present and took their seats at the table.

Rev. Dr. DEWITT opened the exercises by a very appropriate and impressive prayer.

Dr. JAMES ANDERSON, Chairman of the Committee of Arrangements, then read the report of the committee, concerning the reception and registration of members and delegates, and in behalf of the committee cordially welcomed the members of the Association to the hospitalities of their brethren in the great Commercial Metropolis of the Union. He closed by suggesting that the Association should hold its meetings from 10 o'clock A.M., to 1½ o'clock P.M., and from 3 o'clock P.M., to such hour as they might choose to adjourn.

On motion, the recommendations of the report were adopted by the Association.

The junior Secretary, Dr. FURMAN, then read the roll of members. The President invited all the ex-Presidents present, together with Dr. Charles Tripler, Surgeon of the U.S. Army, to take seats on the platform.

On motion of Dr. BISSELL, of Utica, a recess of 10 minutes was taken, to enable the delegates from each State to select one of their number to act as a member of the Committee to nominate Officers and Committees for the ensuing year. At the close of the recess, the following were reported as the names of the Nominating Committee, viz.:—J. C. Weston, of Maine, J. N. Stiles, of Vermont, T. D. Marshall, of N.H., H. R. Storer, of Mass., J. Gardner, of R.I., B. H. Catlin, of Ct., J. P. White, of N.Y., L. A. Smith, of N.J., A. Nebinger, of Pa., F. E. B. Hintze, of Md., N. Young, of D.C., B. B. Leonard, of Ohio, J. F. Hibbard, of Ind., W. H. Byford, of Illinois, S. G. Armour, of Mich., A. E. McCurdy, of Iowa, George W. Phelps, of Mo., H. F. Askew, of Del., J. K. Bartlett, of Wis., Thomas Antisell, of U.S. Army, and Thomas L. Smith, of U.S. Navy.

The President, Dr. Alden March, then read his Annual Address.

He briefly reviewed the history of the Association, more especially in reference to its connection with the subject of Medical Education; paid a deserved tribute to his predecessors in the Presidential Chair; and urged a steady continuous effort to still further improve the educational interests of the whole profession.

The address was listened to with interest and pleasure, and an unanimous vote of thanks tendered to the author, with a request that a copy be furnished to the Committee of Publication.

The Association then adjourned until 3 o'clock P.M.

AFTERNOON SESSION.

At 3 o'clock P.M., the Association was called to order by the President, and the Secretary read the minutes of the morning session, which were approved.

Dr. Anderson, from the Committee of Arrangements, reported the names of additional delegates, and announced the following evening entertainments, viz.:—On Tuesday evening, at 8 o'clock, by Hon. C. Godfrey Gunther, Mayor of the City, and Drs. Joseph M. Smith, Charles A. Budd, Isaac E. Taylor, and Gurdon Buck; on Wednesday evening, by Drs. Willard Parker, James Anderson, Alonzo Clark, and Jared Linsley; and on Thursday evening, by Dr. E. R. Squibb, at his Laboratory in Brooklyn. Friday was set apart for an excursion from Bellvue Hospital to the Institutions on Randall's and Blackwell's Islands.

Dr. S. G. Armour, Chairman of the committee on nominations, presented the following report: For President, Dr. N. S. Davis, of Illinois; Vice Presidents, Drs. Wm. H. Mussey, of Ohio, Worthington Hooker, of Connecticut, Wm. Wheeler, of D.C., and F. E. B. Hinsey, of Maryland; Treasurer, Dr. Casper Wistar, of Pennsylvania; Secretary, Dr. G. Furman, of New York. The committee also recommended Boston as the next place of meeting.

Dr. Griscom, of New York, moved that the report be accepted and laid on the table, for the purpose of acting on an amendment to the Constitution relating to the term of office of the President and Vice-Presidents, which was proposed at the last annual meeting. After some discussion the motion of Dr. Griscom was lost.

Dr. Raphael, of New York, moved that the report be re-committed to the committee, with instructions to report the names of two or more candidates for the office of President, from which the Association should choose by ballot. This led

to a discussion in which Drs. Raphael, Currie, Corliss, Cohen, Bissell, Kennedy, Ramsey, and Jewell took part. But the motion to re-commit was lost. The question was then taken on the adoption of the report of the committee on nominations, and carried almost unanimously. The President appointed Drs. Bissell, of New York, and Askew, of Delaware, a committee to escort the newly elected officers to the chair.

The President elect, Dr. N. S. Davis, of Chicago, Illinois, on being conducted to the chair, expressed his gratitude for the honor conferred upon him—alluded to his identification with the Association, from the initiatory steps to its organization to the present time—declared his unabated attachment to the profession—and alluded regretfully to the continued absence of delegates from the South. The speech was brief, terse, conciliatory, and closed with no other allusion to the rebellion than the expression of an earnest hope, that we should soon again have the pleasure of greeting our Southern brethren at our annual re-unions, together with a full restoration to the glorious old union, of every foot of territory they represent.

Drs. A. B. Palmer, H. F. Askew, and S. G. Hubbard, were appointed by the chair a special committee to receive and examine all volunteer papers, designed to be presented to the Association.

On motion, the regular order of business was suspended for the purpose of acting on an amendment to the Constitution proposed at the last meeting, in relation to the appointment of a permanent secretary.

The proposed amendments, providing for the appointment of one *permanent* and one assistant Secretary, and defining their duties, having been fully stated by the chair, and discussed by Drs. Wistar, Gardner, Hooker, Kennedy, Mauran, Loomis, Bond, and Jewell, they were unanimously adopted.

The Association than adjourned until 10 o'clock A. M.

SECOND DAY—MORNING SESSION.

At 10 o'clock A. M., the Association was called to order, the President, Dr. N. S. Davis, being in the chair. The minutes

of the preceding meeting were read by Secretary Furman, and approved. Several gentlemen were elected members by invitation. Dr. Brown-Séquard, of Boston, and Dr. John P. Gray, of the Lunatic Asylum, at Utica, were elected permanent members. The former, on being invited to take a seat on the platform, made a brief and modest acknowledgement of the honor conferred upon him. The regular order of business being the reports of officers and standing committees, the whole list was called in order, and the several reports referred to the appropriate sections for consideration.

Resolutions concerning the relative rank and pay of army Surgeons, were offered by Dr. C. C. Cox, and after some discussion by Drs. Cox, Hamilton, of N. Y., and Mussey, of Cincinnati, they were adopted.

On motion, a vote of thanks was unanimously tendered to Dr. Alden March, the retiring President of the Association. At 1½ o'clock P. M., the Association adjourned, to meet in sections in the afternoon.

At 3 o'clock P. M., the sections on Chemistry, and *Materia Medica*; Practical Medicine and Obstetrics; Surgery; and on Meteorology, Medical Topography, Epidemic Diseases, &c., were organized, and proceeded to the hearing and discussion of the several reports and papers referred to them.

THIRD DAY—MORNING SESSION.

The Convention re-assembled this morning, Dr. N. S. Davis, of Chicago, in the Chair, and Dr. Guido Furman, of N. York, Secretary.

After reading the minutes, Dr. Childs, of Mass., on invitation, took a seat on the platform, and thanked the Association for the honor extended to him.

Dr. Mauran, of R. I., called the attention of the Convention to the prizes offered by the Rhode Island State Medical Society, amounting to \$200, for the best essay on the following subjects:

1. What evidence is there that Inflammatory and Febrile Diseases have undergone any general change of type?
2. The effects of climate in America on Tuberculous Diseases.

On motion of Dr. Cox, Dr. Charles S. Tripler, U. S. A., was made Chairman of the Committee on memorializing Congress for better assimilation of rank and pay among army surgeons.

A letter was received from Dr. R. Hills, of the Central Ohio Lunatic Asylum, Chairman of Committee on Insanity, in which he requests a continuance of the Committee, the report not being completed. The request was granted, and on motion of Dr. J. H. Griscom, of N. Y., Dr. E. H. Van Duzen, of Mich., was added to the committee.

Dr. Butler, of Phila., Secretary of the Section on Meteorology, Medical Topography, Epidemic Diseases, and Medical Jurisprudence and Hygiene, reported a series of resolutions on compulsory vaccination, favoring the enactment of laws in the different States to this purpose.

The same Section reported back for publication the communication of Dr. Griscom of this city, on "Physiological and Dietetic relations of Phosphorus;" also the paper presented by Dr. Cyrus Ramsey, on Sanitary Science and Mortuary Statistics of New York, from 1850 to 1864.

Dr. E. R. Squibb, of this city, from Committee on the Practical Workings of the U. S. Law relating to the Inspection of Drugs and Medicines, presented a report. The report goes back to the origin of the Drug Law in 1848, and the workings of it since. The fixing of the standard was liberal, so as not to impede the drug trade. So, for instance, was Jalap admitted with 11 per cent. Jalap Resin, while good Jalap contained 12 to 14 per cent. resinous matter, and Scammony with 73 per cent.; Scammony, white and good article always contains 75 per cent. Political influence, however, had debased the execution of the law, so as to make it a dead letter on the statute-book. Inferior Cinchona bark, Jalap with resin extracted, Senega is rarely met with in a pure state, and is generally found much adulterated with sticks and stones. The whole mal-administration of the law is the result of bad appointments by the Secretary of the Treasury. So, for instance, had Mr. Chase made the appointment of Examiners in direct opposition to the requests of the State Medical Societies, aided by the Academy

of Medicine, College of Physicians, &c. These societies had suggested an examination of the applicants by the Medical Boards of the Army and Navy, and that they be graduates of the Medical Colleges. The same request was made by the leading drug houses in the country. All the principal ports of entry were represented in the movement. The Committee who presented the petitions were promised that they would be heard, and their report receive attention. But they were ignored, and men appointed totally unfit for the position, for at no time, were there so many spurious and bad drugs in the market as within the last year or two. The parties to be blamed for this were first, the Secretary of the Treasury, and next the incumbents of the office, who break their oath of office frequently. The report recommends some action on this state of affairs, as soon the time would come when new appointments would be made.

Dr. Percy moved that the report be laid on the table, as it assailed the officers of the Government, but it was lost by a vote of the whole house but two.

After discussion by Drs. Percy, Squibb, Loomis, Jewell, Currie, and McFarland, the paper of Dr. Squibb was referred to the Section on Chemistry and Materia Medica.

The Secretary of the Section on Practical Medicine, Dr. Storer, of Boston, reported that the paper of Dr. Gardner, of N. Y., on the use and abuse of Pessaries, had been referred to the Committee on Publication, as was also the paper presented by Dr. Leving, of Pa., on Spotted Fever. Dr. Storer also read a paper on the "Relations of Female Patients to Hospitals for the Insane; the necessity, on their account, of a Board of Consulting Physicians to every hospital;" which was also referred to the Committee on Publication, and referred resolutions carrying out this view to the full Association for confirmation.

The resolutions of Dr. Storer read as follows:

Resolved, That in the opinion of the American Medical Association, it is expedient that there should be attached to every public hospital for the insane, one or more consulting physicians [whose appointment should be honorary], who may be consulted at the discretion of the Superintendent; such measure being for

the interest of the hospital, its medical officers, and its patients.

Resolved, That a copy of the above resolution be transmitted to the Board of Trustees of each of our public hospitals for the insane, and also to the Secretary of the Association of American Superintendents, with the request that it may be endorsed by that body, and the act proposed to be urged upon the respective boards with which the members are officially connected.

These resolutions were discussed by Drs. Griscom, Storer, Gardner, McArthur, and Bronson. On motion of Dr. Griscom the words inclosed in brackets in the first resolution were stricken out, and as thus amended the resolutions were adopted.

Dr. Griscom spoke at some length on the appointment of a Permanent Secretary, as requiring a person of eminent qualifications. He offered a resolution to the effect that the Secretary be entitled to a compensation from the surplus funds of the Society, after all claims for each current year shall have been paid.

Dr. Kennedy, of New York, moved that the salary be fixed at \$1,500, which was amended by Dr. Sayre, by making it \$5,000.

Dr. Raphael, of New York, was opposed to the salary, as experience here taught that no such sums were ever left over.

The Chair called the attention of the meeting to the clause in the Constitution fixing the compensation of the Secretary to his expenses in attending the Convention, and for maintaining the correspondence. He therefore should rule the question out of order.

Dr. Griscom appealed from the decision of the Chair, which appeal he afterwards withdrew.

Dr. Kennedy moved a reconsideration of the resolution adopted yesterday on the Constitution.

Dr. L. A. Sayre moved that the members tax themselves sufficiently to pay a salary of \$1,500 to the Secretary.

Dr. Palmer, of Michigan, advised to lay further discussion over. The matter dropped here.

The Committee on Nominations, Dr. Armour, of Michigan, reported the following Standing Committees:

On Insanity.—Ralph Hills, Ohio; C. H. Nichols, Dist. of Col.; D. P. Bissell, N. Y.; S. W. Butler, Pa.; John S. Butler, Ct.; E. R. Van Duzen, Mich.

On Exsection and its Connection with Conservative Surgery.—Lewis A. Sayre, N. Y.; G. W. Norris, Pa.; G. C. Blackman, Ohio; H. S. Tewksberry, Me.; E. Andrews, Ill.; G. B. Twitchell, N. H.; G. C. Hughes, Iowa; Geo. Clymer, U. S. N.; J. R. W. Dunbar, Md.; R. H. Gilbert, U. S. A.

On Alcohol and its Relation to Man.—G. E. Morgan, Md.

On Microscopic Observations on Cancer Cells.—L. J. Sanford, Ct.

On Medical Ethics.—J. J. Murphy, Ohio; M. L. Linton, Mo.; B. F. Schneck, Pa.; S. Wickersham, Ill.; A. J. Fuller, Me.

On the Microscope.—J. M. Corse, Pa.

On Quarantine.—D. D. Clark, Pa.; E. M. Snow, R. I.; W. Jewell, Pa.; E. D. Fenner, La.; J. W. Houck, Md.

On Causes of the Extinction of the Aboriginal Races of America.—G. Suckley, N. Y.

On the Relations which Electricity sustains to the Cause of Disease.—S. Littell, Pa.

On the Morbid and Therapeutic Effect of Mental and Moral Influences.—A. B. Palmer, Mich.

On the Causes and Treatment of Ununited Fractures.—F. H. Hamilton, N. Y.

On Diphtheria.—L. Clark, Ill.

On the Drainage and Sewerage of large Cities, and their Influences on Public Health.—W. J. C. Duhamil, Dist. of Col.; E. C. Baldwin, Md.; C. Ramsey, N. Y.

On the Uses and Abuses of Pessaries.—J. P. White, N. Y.

On International Medical Ethics, to Investigate the Conditions demanded for a Diploma of Doctor of Medicine in the various Medical Schools and Universities of Europe.—J. B. Upham, Mass.; R. Thompson, Ohio; G. C. Shattuck, Mass.; G. C. E. Weber, Ohio.

On Climatology and Epidemic Diseases.—C. W. Parsons, R. I.; P. A. Stackpole, N. H.; T. M. Logan, Cal.; R. C. Hamill, Ill.; J. C. Weston, Me.; B. H. Catlin, Ct.; C. S. Allen,

Vt.; T. Antisell, Dist. of Col.; J. W. H. Baker, Iowa; A. Sager, Mich.; O. S. Mahon, Md.; J. W. Russell, Ohio; D. F. Condie, Pa.; H. Townsend, N. Y.

On Autopsies in relation to Medical Jurisprudence.—F. C. Finnell.

On so-called Spotted Fever.—J. J. Levick.

On the Introduction of Disease by Commerce, and the means for its Prevention.—A. N. Bell, Brooklyn.

On Patent Rights and Medicine Men.—D. Prince, Ill.; T. Antisell, Dist. of Col.; S. Smith, N. Y.

Dr. W. B. Atkinson, of Philadelphia, was proposed for Permanent-Secretary of the Association, and Dr. Storer, of Boston, for Assistant-Secretary.

Dr. Kennedy moved the substitution of the name of Dr. Furman as Secretary, paying a high eulogium to the character of Dr. Furman.

Dr. Gardner was opposed to the nomination of a gentleman from Philadelphia, Pennsylvania having all the patronage from the Society by having the Board of Publication, the Treasurer, etc. He would move that the nomination be sent back to the Committee.

Dr. Nebinger, of Pa. defended the Committee from the charge of having favored a particular State.

The nomination of Dr. Furman was lost by a vote of 56 for 75 against, whereupon Dr. W. B. Atkinson was elected unanimously.

The Committee on Prize Essays, through Dr. Peaselee, of N. Y., reported that they had received three Essays for competition, viz: On the surgical treatment of morbid growths in the Larynx, which was received too late to be acted upon. This essay was written with excellent care, and showed great research on the subject.

What effect has the milk and meat of diseased animals on public health? The Committee gave this a high eulogium and expressed a hope for its publication.

The third essay "Pathology of Jaundice," was given the prize. Dr. J. Fleet Spier, of Brooklyn, N. Y., being the author.

The meeting then adjourned to 4 o'clock P. M.

AFTERNOON SESSION.

At 4½ o'clock P.M., the Association was called to order, the President, Dr. Davis, in the Chair, and Dr. Furman, Secretary.

Resolutions complimenting the Committee of Arrangements, Secretary Furman, the officers of the various Institutions, and the Profession of the city, were unanimously adopted.

Dr. A. B. Palmer, also offered resolutions recognizing the services, patriotism, and sacrifices of the Medical Officers of the Army and Navy, which were adopted with unanimity and enthusiasm.

Dr. L. A. Sayre, of N. Y., moved that a Committee consisting of Drs. N. S. Davis, of Chicago, Samuel Willard, of Albany, and J. F. Hibberd, of Richmond, Ind., be appointed to revise the Constitution, Bye-Laws, and Ordinances of the Association, for the purpose of harmonizing the several provisions without introducing any new matter. The motion was adopted.

Resolutions concerning the death of Dr. B. F. Bache, of Philadelphia, were referred to the Standing Committee on Necrology.

The Secretary of the Section on Chemistry and Materia Medica, reported that the several papers referred to it, had been considered, and their reference to the Committee of Publication recommended. The report was adopted.

The Secretary of the Section on Meteorology, Epidemic Diseases, &c., &c., reported in reference to the several reports and papers referred to it, which report was adopted.

The Secretary of the Section on Surgery, reported that the several papers and cases referred to it, had been examined and discussed with much interest. The report was adopted.

The Secretary of the Section on Practical Medicine and Obstetrics, reported that the number of reports and papers referred to it, was such as to require further time to complete their consideration. Leave was given the Section to hold an evening session, and make a final report directly to the Secretary of the Association.

Dr. J. Homberger, of N. Y., offered the following:

Whereas, The position of Specialists and Specialties is but very ill-defined, be it

Resolved, That the American Medical Association go into a Committee of the Whole, in order to define the position of Specialism and Specialists, as well as the duties of the profession towards Specialists, and the duties of Specialists.

After some discussion the resolution was referred to a special Committee, consisting of Drs. J. Homberger, of N. Y., H. R. Storer, of Boston, W. Jewell, of Philadelphia, W. Hooker, of New Haven, and J. Brinsmade, of Troy; with instructions to report at the next annual meeting of the Association.

On motion of Dr. McGugin, of Iowa, a resolution was adopted recommending the passage of Laws providing adequate compensation to medical witnesses in courts of justice.

The amendment to the Constitution proposed at the last annual meeting, providing that the President and Vice-Presidents elected at one annual meeting, do not enter upon the discharge of their duties, until the commencement of the next, was called up, discussed, and adopted unanimously.

A resolution *protesting against* the appropriation, by Congress, of any reward to Dr. Morton for his pretended discovery of Anesthetics, was adopted by a very large majority.

A vote of thanks to Dr. N. S. Davis, for the able manner in which he presided over the meetings of the Association, was adopted unanimously.

On motion, the Association adjourned to meet in Boston, Mass., on the first Tuesday in June, 1865.

Remarks.—Thus ended one of the largest, most harmonious, and profitable meetings of the American Medical Association. The business was all conducted in good order; the reports and papers presented were numerous and valuable; the discussions in the several Sections animated and profitable; and the evening entertainments all that liberal hospitality and high intellectual culture could make them. The whole of Friday was devoted to an excursion from Bellevue Hospital to the Institutions on Randall's and Blackwell's Islands. The day was very

pleasant; the arrangements, under the admirable leadership of Dr. Taylor, excellent; and the large company in attendance reaped a rich harvest of enjoyment.

On Saturday, a large number accepted the very kind invitation of the Medical Director, and visited the Military Hospitals on David's Island, but previous engagements prevented us from enjoying their company.

SEMI-ANNUAL MEETING OF THE ESCULAPIAN SOCIETY

Kansas, Ill., May 30, 1864.

PROF. N. S. DAVIS.

The Semi-annual Meeting of the Esculapian Society was held at Kansas, Ill., Wednesday, 25th inst., Dr. J. M. Steele was chosen President, and George Ringland, Secretary *pro. tem.*

A highly interesting interchange of opinion on subjects of practical interest in Medicine, Surgery, and Obstetrics, served to make the occasion pleasant and profitable to the members present.

So many of the most active members of the Society being absent in the army, it is with some difficulty that its vitality can be maintained, but a strong determination was manifested at this meeting to keep it alive till "this cruel war is over;" when we anticipate a glorious re-union of all the surviving members. I was absent a part of the time, so that I am unable to give you a synopsis of the discussions.

The Annual Meeting is to be held at Paris, on the last Wednesday in October, next.

Yours, most Respectfully,
GEORGE RINGLAND,
Secretary *pro. tem.*

DR. LANGER, OF DAVENPORT, ON SUB-CUTANEOUS MEDICATION.—We cheerfully bear testimony to the correctness of the statements of Dr. Langer, on the above subject, as given in another part of this number of the EXAMINER.

BOOK RECEIVED.—The following work has been received, but too late for extended notice in this number. It shall be examined in future:—

A Treatise on Chronic Inflammation and Displacements of the Unimpregnated Uterus.

By W. H. BYFORD, A.M., M.D., Professor of Obstetrics, &c., Chicago Medical College, Med. Dept. Lind University.

Philadelphia: LINDSAY & BLAKISTON. 1864.

FOREIGN INTELLIGENCE.—Prof. Langenbeck, Surgeon-General of the Prussian Army, has been allowed to visit the wounded German prisoners in Copenhagen by the Danish Government and to return.

Rudolph Wagner, the celebrated physiologist, whose death took place in May, was appointed Professor of Zoölogy at Erlangen in 1833, but was called to Göttingen in 1840. His reputation was in a great measure made by the publication of his "Handwörterbuch der Physiologie," which, however, was only partly his own work.

The funeral of Prof. Oppolzer's wife was made the occasion of expressing the profound respect and love which is felt for this renowned teacher in Vienna. The heads of the University and all the students joined the procession, with funeral songs and torches, and the streets were thronged with sympathizing spectators.

Virchow, in the last number of his "Archiv," reports a case of trichinosis in Davenport, Iowa, as the first which has occurred in this country. The worms were discovered in the scirrhous breast of a woman after its removal, and a portion of the same was sent to him for examination. What is of chief interest in the case is the fact that the symptoms of trichina poisoning were noticed seven or eight years before the operation, and yet the worms were found alive.

Important data relating to the period of incubation of the poison of rabid dogs are given in the *Medizinische Jahrbucher*. The period was determined in 224 cases. In 40 cases less than one month; in 143 cases from one to three months; in 30 cases from three to six months; in 11 cases from six to twelve months.

The prize of 50,000 francs, offered by the Emperor Napoleon for the most useful application of electricity, has been awarded to M. Ruhenkoff for his induction coil.

Prof. Czermak, the eminent physiologist, has resigned his professorship at Pesth and returned to Prague, where he has founded a private physiological institution and laboratory, and is about to publish occasional "Mittheilungen."—*Boston Med. Journal.*

MEDICAL NEWS.—Mr. Edward Parish succeeds Prof. Thomas in the Chair of Materia Medica in the Phila. College of Pharmacy.—Dr. Dunlap, of Springfield, Ohio, employs permanganate of potash with great success in spotted fever, giving one-eighth to one-half a grain in solution, frequently repeated.—The Surgeon of the Pirate Alabama was an Englishman, and his fellow students propose to erect a tablet to his memory.—The guillotine is named from Dr. Guillotin, who proposed the law requiring that all criminals condemned to death "should be beheaded by means of a simple machine;" he did not invent the machine, as has been alleged.—Dr. Carnochan has amputated at the hip-joint five times.—Prof. Gross has in preparation a third edition of his System of Surgery, and Prof. Stille a second edition of his work on Materia Medica.—Prof. Miller, of Edinburgh, is said to have been killed by a review of his "System of Surgery." The *Times and Gaz.* says: "He was a tetotalter, and consequently did not give his brain that rest and refreshment, that power of discarding and wiping out irritating and exciting trains of thought, which wine, temperately used, will confer. Had he taken a little wine, and excited himself less, he would have written a better book, and might have laughed at reviewers."—Dr. Roberts Bartholow has resigned his commission of Assistant-Surgeon U. S. Army, and entered into private practice at Cincinnati, Ohio; his address is 344 Race Street. Dr. B. also proposes to engage in private instruction of medical students, or young men desiring to enter the army or navy.—Prof. Weber, of Cleveland, Ohio, is the President elect of the Ohio State Medical Society.—*Am. Medical Times.*

THE CINCHONA PLANT IN JAMAICA.—In the autumn of 1860, a quantity of the seeds of several species of the Cinchona were received at Jamaica. By the month of October following, about 400 healthy plants were raised, but owing to the low level at which they were planted, more than half perished. They were then removed to an elevation of about 4000 feet above sea level, with the best results. In twelve months a plant of the red bark (*Cinchona succirubra*) had attained the height of 44 inches,

with leaves measuring $13\frac{1}{2}$ inches in length by $8\frac{1}{2}$ inches in breadth. The culture of the *Cinchona micrantha* (grey bark) has not been so successful; the leaves are, however, much larger. There is abundance of land in the island possessing all the conditions requisite for the growth of the plant.

THE MECHANICAL TREATMENT
OF
ANGULAR CURVATURE,
Or, POTT'S DISEASE OF THE SPINE.

By CHARLES FAYETTE TAYLOR, M.D., of New York.

THIS new method of Treatment, first brought before the Profession through the Transactions of the Medical Society of the State of New York, and attended with such marked success, is here offered in pamphlet form, convenient for transmission through the post. PRICE 35 CENTS.

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BELLEVUE HOSPITAL MEDICAL COLLEGE.

City of New York.
SESSION FOR 1864-65.

THE Trustees and Faculty announce with much gratification the renewed evidence of success afforded by the Session of 1863-4. The experience of three Sessions has furnished ample proof of the importance of the new movement in behalf of medical education inaugurated by this College.

FACULTY.

ISAAC E. TAYLOR, M.D., *President.*

AUSTIN FLINT, JR., M.D., *Secretary.*

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STEPHEN SMITH, M.D., Professor of Principles of Surgery.

ISAAC E. TAYLOR, M.D.,

GEORGE T. ELLIOT, M.D.,

B. FORDYCE BARKER, M.D.,

} Professors of Obstetrics and the Diseases of Women and Children.

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TIMOTHY CHILDS, M.D., Professor of Descriptive and Comparative Anatomy.

AUSTIN FLINT, M.D., Professor of the Principles and Practice of Medicine.

R. OGDEN DOREMUS, M.D., Professor of Chemistry and Toxicology.

AUSTIN FLINT, JR., M.D., Professor of Physiology and Microscopical Anatomy.

HENRY D. NOYES, M.D., Demonstrator of Anatomy.

GEORGE H. HUMPHREYS, M.D., Assistant Demonstrator of Anatomy.

N. R. MOSELEY, M.D., Prosector to Chair of Surgical Anatomy.

A. W. WILKINSON, M.D., Assistant to Chair of Chemistry and Toxicology.

PRELIMINARY TERM.

The Preliminary Term will commence on Wednesday, Sept. 14, 1864, and continue to the beginning of the Regular Term, viz.: for four weeks.

Instruction during this Term will consist of didactic courses on special sub-

Bellevue Hospital Medical College.

jects of interest and practical importance, together with daily clinical lectures. The College lectures during this Term are given exclusively by Members of the Faculty. Attendance during this Term is not required, but students are earnestly solicited to attend: it being designed to make this Term not merely a nominal, but an actual extension of the period of instruction.

REGULAR TERM.

The Regular Term will commence on Wednesday, Oct. 12, 1864, and end early in March, 1865.

During the whole of the Session the student will have the opportunity of attending at least two clinical hospital lectures daily. In addition to these, four didactic lectures are given on every week-day except Saturday, in the College building within the Hospital grounds. The didactic lectures are so arranged as not to interfere with hospital attendance. Ample time is allowed for accompanying the visiting Physicians, Surgeons, and Obstetricians of the Hospital, attending clinical lectures, witnessing Surgical and Obstetrical operations, autopsies, &c., without compromising any of the courses of didactic instruction, the latter being as complete in this Institution as in colleges not connected with hospitals. Clinical and demonstrative teaching constituting the great feature of this College, the arrangements are such as to render the immense resources of the Hospitals available to the fullest extent.

All the lectures in this College are given either in the Hospital or in the College building within the Hospital grounds.

The Bellevue Hospital receives annually from ten to twelve thousand patients. The annual number of births in the Hospital is about five hundred. The Blackwell's Island Hospital contains usually about one thousand patients, a large proportion being affected with chronic diseases. This Hospital contains always several hundred cases of syphilis. In addition to the vast field of clinical instruction afforded by these Hospitals, the student may avail himself of the other Institutions under the government of the Commissioners of Public Charities and Correction, together with the varied resources for practical instruction contained in the great Metropolis.

The facilities for the study of practical Anatomy are unlimited. Anatomical material is supplied free of expense.

The fees for tickets to all the lectures, during the Preliminary and Regular Terms, amount to \$105; tickets for one or any number of the seven departments of instruction may be taken out separately. The Matriculation fee is \$5. The Demonstrator's ticket is \$5. Graduation fee is \$30. No other fees are required. The Hospital ticket is gratuitous, after Matriculation. Students who have attended two full courses in other accredited* schools, receive all the tickets for \$50, exclusive of the Matriculation fee. Students who have attended two full courses in this College, or after one full course in this College, having previously attended a full course in some other accredited school, will be required to matriculate only. Graduates of other accredited schools, after three years, are required to matriculate only; prior to three years, they receive a general ticket for \$50.

Payment of fees is required in all cases, and tickets must be taken out at the commencement of the Session. There are no exceptions to this rule.

Twenty-two resident Physicians and Surgeons are appointed annually, after an examination and recommendation by the Medical Board of the Hospital. They receive a salary sufficient for their support.

Students, on arriving in the city, are requested to report at once to Bellevue Hospital, situated on the East River, between 26th and 28th Streets, and inquire for the Janitor, Mr. Edwin A. Ware, who will take pains to aid them in securing comfortable accommodations, without delay.

For Circulars of the College, giving full information, &c., address the Secretary of the Faculty, Professor AUSTIN FLINT, JR., 257 Fourth Av.

* Eclectic and Homœopathic schools are not accredited.

CHICAGO MEDICAL COLLEGE.

Medical Department of Lind University.

The regular Annual Lecture Term in this Institution will commence on the second Monday in October, and continue until the first Tuesday in March following. Clinical Lectures *daily* throughout the term.

FACULTY.

- J. S. JEWELL, M.D., Professor of Descriptive Anatomy.
 H. A. JOHNSON, M.D., Professor of Physiology and Histology.
 J. H. HOLLISTER, M.D., Professor of Materia Medica and Therapeutics.
 HENRY WING, M.D., Professor of General Pathology and Public Hygiene.
 F. MAHLA, Ph. D., Professor of Inorganic Chemistry.
 EDMUND ANDREWS, M.D., Professor of Principles and Practice of Surgery, and of Military Surgery.
 RALPH N. ISHAM, M.D., Professor of Surgical Anatomy and Operations of Surgery.
 W. H. BYFORD, M.D., Professor of Obstetrics and Diseases of Women and Children.
 N. S. DAVIS, M.D., Professor of Principles and Practice of Medicine, and of Clinical Medicine.
 F. MAHLA, Ph. D., Professor of Organic Chemistry and Toxicology.
 M. O. HEYDOCK, M.D., Professor of Medical Jurisprudence.
 J. S. JEWELL, M.D., Demonstrator of Anatomy.

FEES.

For the Winter Term, admitting to all the Lectures in the College,	\$30.00
Graduation Fee,	20.00
Matriculation Fee,	5.00
Dissecting Ticket,	5.00
Hospital Ticket,	0.00

The Summer Reading and Clinical Term commences on the second Tuesday in March, and continues until the first Tuesday in July; and is free to all matriculated students of the College. Boarding can be had for \$2.50 to \$3.50 per week. For further information, inquire of

E. ANDREWS, Sec'y of the Faculty.

R. R. BALL, GENERAL DRUGGIST, 119 South Clark Street, Chicago, Illinois.

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